

Name
in
Full

Daniel Baker

CERTIFICATE OF DEATH

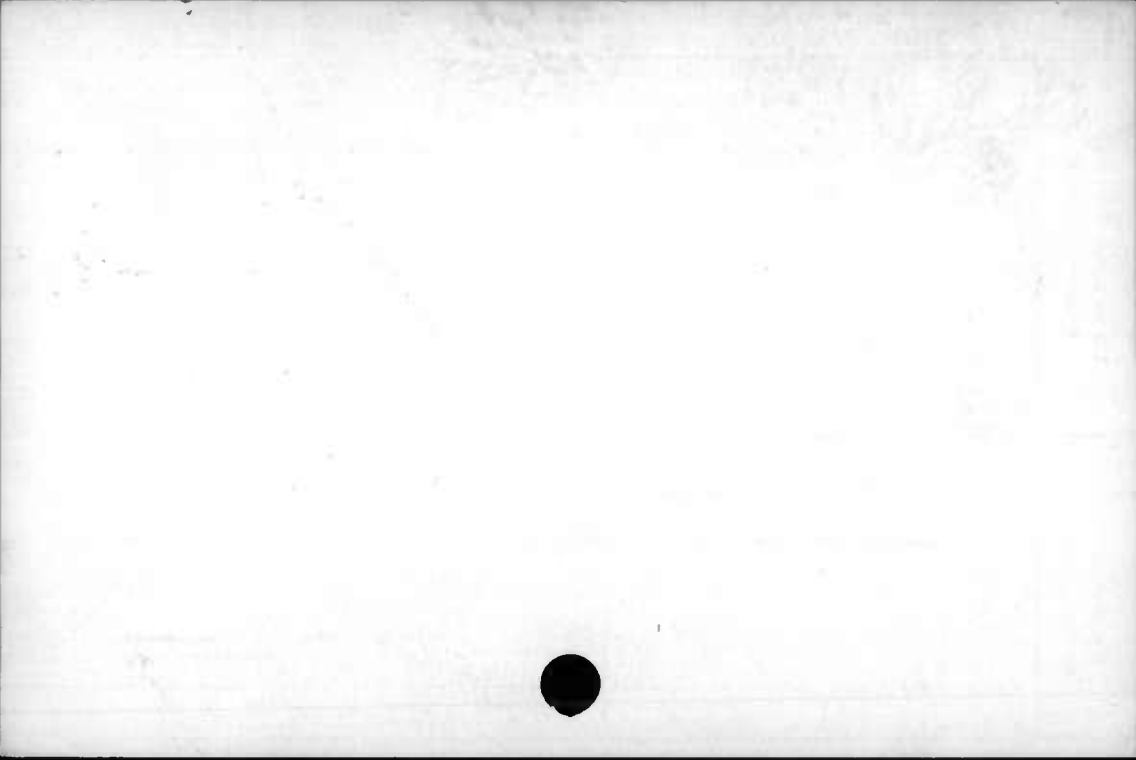
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Year Washington</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death 1907	Month <i>2</i>	Day <i>19</i>	Age <i>73</i>	Months <i>4</i>	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Toll gate keeper</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Mary A. Barker</i>				
Father's Name <i>Wm. Baker</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Mariah Burley</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Emma Baker</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>L. Gripe</i>	How long <i>Twenty four hours</i>
Immediate <i>Caecum</i>	How long <i>Twenty four hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. A. Doyle M.D.</i>
<i>Yes</i>	Address <i>Washington</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Daniel J Battle</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>2</i>		Day <i>6</i>		Years <i>20</i>	
Date of death <i>1907</i>		Month <i>2</i>		Day <i>6</i>		Months <i>4</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth place <i>ind</i>		Days <i>13</i>	
Occupation <i>laborer</i>		Where Residing if not at place of death <i>Hager-</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>[Redacted]</i>					
Father's Name <i>Michael Battle</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Nancy Barrett</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Nancy Battle</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Killed on R Road</i>	How long <i>166</i>	How long <i>immediately</i>
Immediate <i>[Redacted]</i>		How long <i>immediately</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of <i>Chas G Battle</i>	
	Address <i>acting coroner</i>	
Accident or Suicide? <i>Accident</i>	<i>Hagerstown ind</i>	

alice
2/8/07

Name
in
Full

Sarah Frances Beard

CERTIFICATE OF DEATH

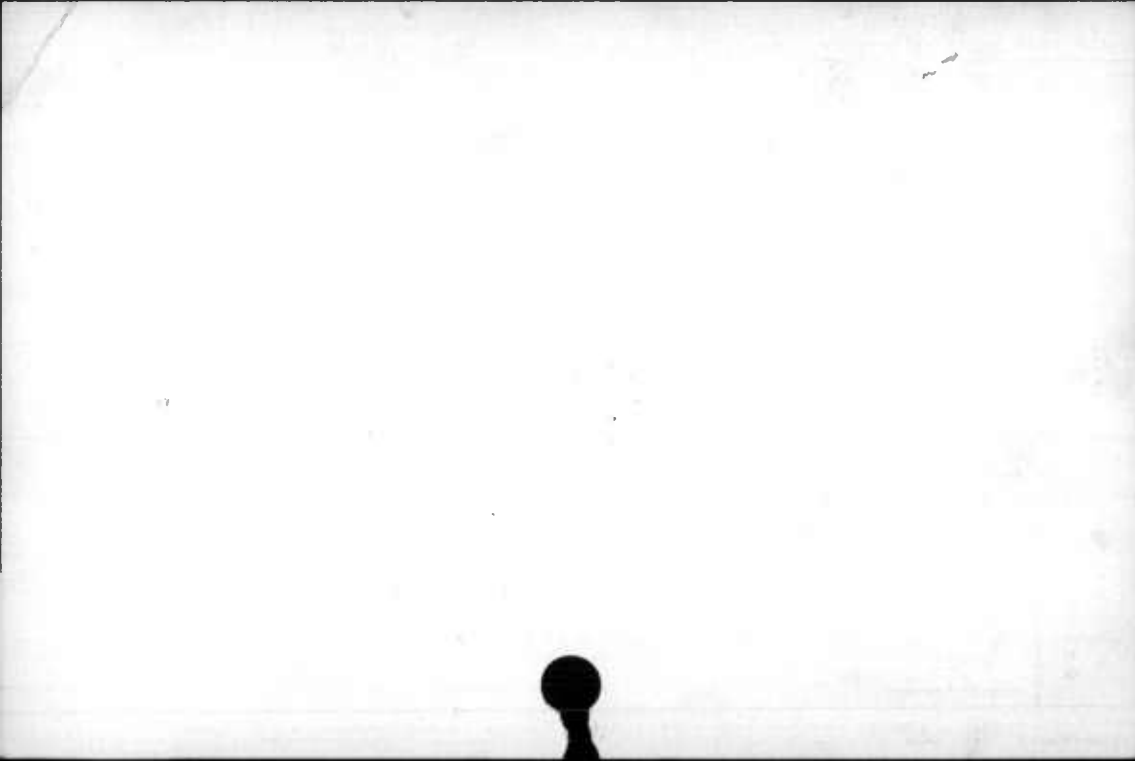
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		County		Washington		MARYLAND	
Date of death <i>1904</i>		Month <i>2</i>		Day <i>13</i>		Age <i>63</i>		Years <i>9</i> Months <i>7</i> Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Pa</i>					
Occupation <i>Housewife</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Joseph Beard</i>							
Father's Name <i>Mordecai H. Mullen</i>		Father's Birthplace <i>Pa</i>							
Mother's Maiden Name <i>Elizabeth Danahan</i>		Mother's Birthplace <i>not known</i>							
Name of person giving information <i>Emil Beard</i>		How related to deceased <i>Son</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	(93)	How long	<i>1 week</i>
Immediate	<i>Cardiac asthma</i>		How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>W. B. Monson</i>	
		<i>No</i>	Address <i>Hagerstown Md.</i>	
Accident or Suicide?		<i>No</i>		



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died		Town		County		State	
John Beemer		Sharpsburg		Washington		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
90		Feb	17	85			10
Sex		Color or Race		Birthplace			
Male		White		Sharpsburg			
Occupation		Where Residing if not at place of death					
Retired from Super							
Married, Single or Widowed		Name of Wife or Husband					
Married		Eliza Beemer					
Father's Name		Father's Birthplace					
John Beemer		Sharpsburg					
Mother's Maiden Name		Mother's Birthplace					
Catherine Mott		Farming ton					
Name of person giving information		How related to deceased					
Mrs. Mathias Gough		Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General debility	How long	months
Immediate	Heart failure	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. M. Garrett
		Address	Sharpsburg, Md.
Accident or Suicide?			

Chas. S. Wade
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>2</i> ^{Month}	<i>24</i> ^{Day}	Age <i>81</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Ind.</i>			
Occupation <i>House-work</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>— Unknown</i>				
Father's Name <i>Nancy Barber</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Ellen Fritz</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>George Nettis</i>	How related to deceased <i>Nephew</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i> (154)	How long <i>Don't know</i>
Immediate <i>Chronic Bronchitis</i>	How long <i>One year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Daniel A. Watkins</i>
	Address <i>Hagerstown Ind.</i>
Accident or Suicide? <i>—</i>	

Beaver Creek

Name
in
Full

CERTIFICATE OF DEATH

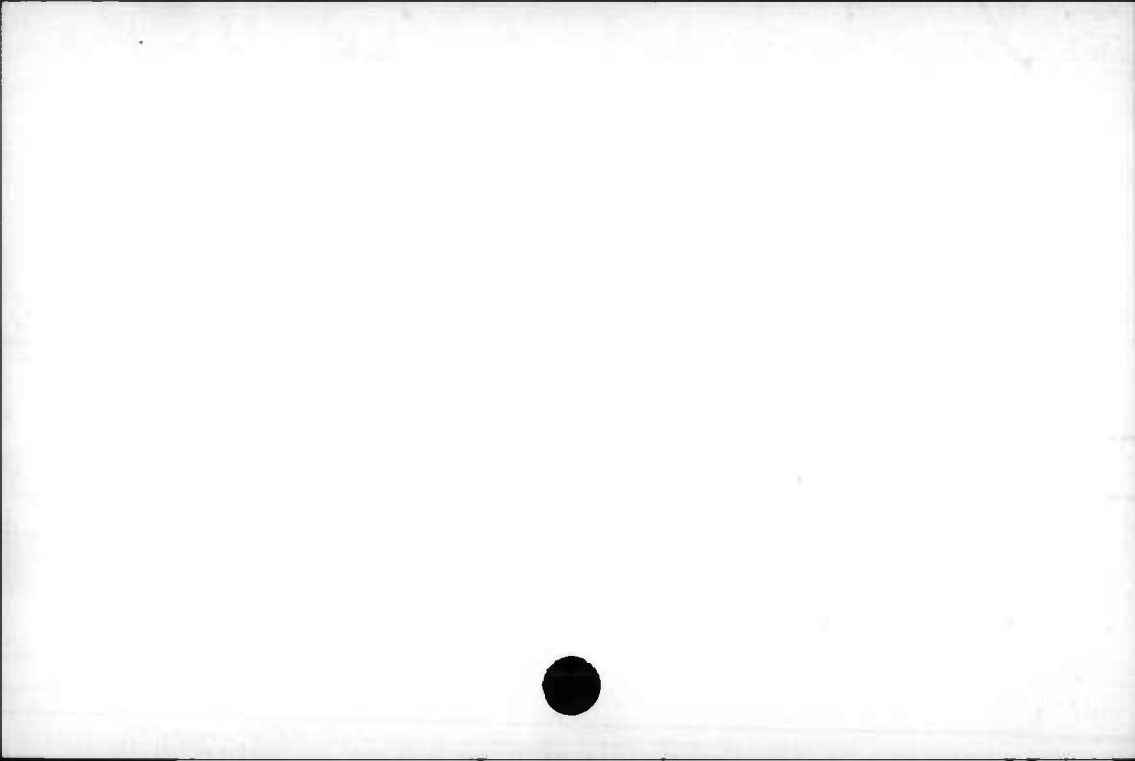
TO BE ANSWERED BY
NEAREST FRIEND

Died at Troy		Town		County Wash		State MARYLAND	
Date of death 1907		Month 2	Day 6	Age 5-0	Years	Months	Days 12
Sex Male		Color or Race White		Birth-place Rohrersville			
Occupation Merchant		Where Residing if not at place of death Troy					
Married, Single or Widowed		Name of Wife or Husband Mary Buck					
Father's Name Josiah Buck		Father's Birthplace Wash Co					
Mother's Maiden Name Margaret Kefauver		Mother's Birthplace Rohrersville					
Name of person giving information Silas Buck		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis	How long 3 years
Immediate Paralysis and Exhaustion	How long 7 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician M. M. Nihiser
	Address Kearneysville Md
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

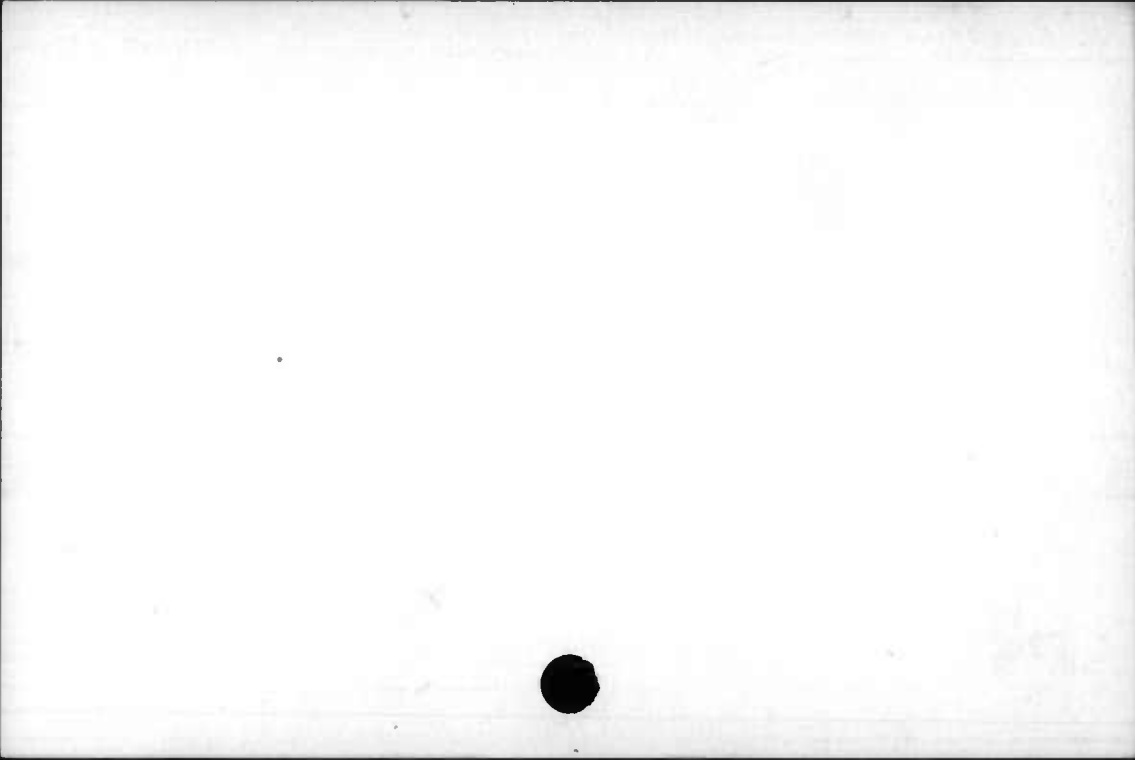
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smithsburg</i> Town		<i>Buhrman</i> County		MARYLAND	
Date of death	1907	Month	2	Day	21
Age		Years	1	Months	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Sandy</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Vernon C. Buhrman</i>		Father's Birthplace	<i>Sandy Wash Co</i>
Mother's Maiden Name		<i>Nellie H. Lewis</i>		Mother's Birthplace	<i>Foxville Pa</i>
Name of person giving information		<i>Vernon C. Buhrman</i>		How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Dr. M. H. Kauer</i>	
		Address	
		<i>Smithsburg</i>	
		<i>Maryland</i>	
Accident or Suicide?			



Name In Full		Town				County		STATE			
Susan F. Burk		Tombstown		Washington		MARYLAND		CERTIFICATE OF DEATH			
Died at		Date of death		Month		Day		Age		Years	
1904		2		12		60					
Sex		Color or Race		Birth-place							
Female		White		Long Meadow							
Occupation		Where Residing if not at place of death									
House Wife		Tombstown									
Married, Single or Widowed		Name of Wife or Husband									
Married		James Burk									
Father's Name		Father's Birthplace									
Henry Weaver		Middle Town									
Mother's Maiden Name		Mother's Birthplace									
Gather Butter		Hagerstown									
Name of person giving information		How related to deceased									
James Burk		Husband									
CAUSES OF DEATH											
179											
Primary		How long									
Chronic kidney trouble		Several years									
Immediate		How long									
Exhaustion		about week									
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician									
Yes		F. M. Hoffman									
		Address									
		17 W. Washington St.									
Accident or Suicide?											

21 July

1847

Name
in
Full

Mellie May Castle

CERTIFICATE OF DEATH

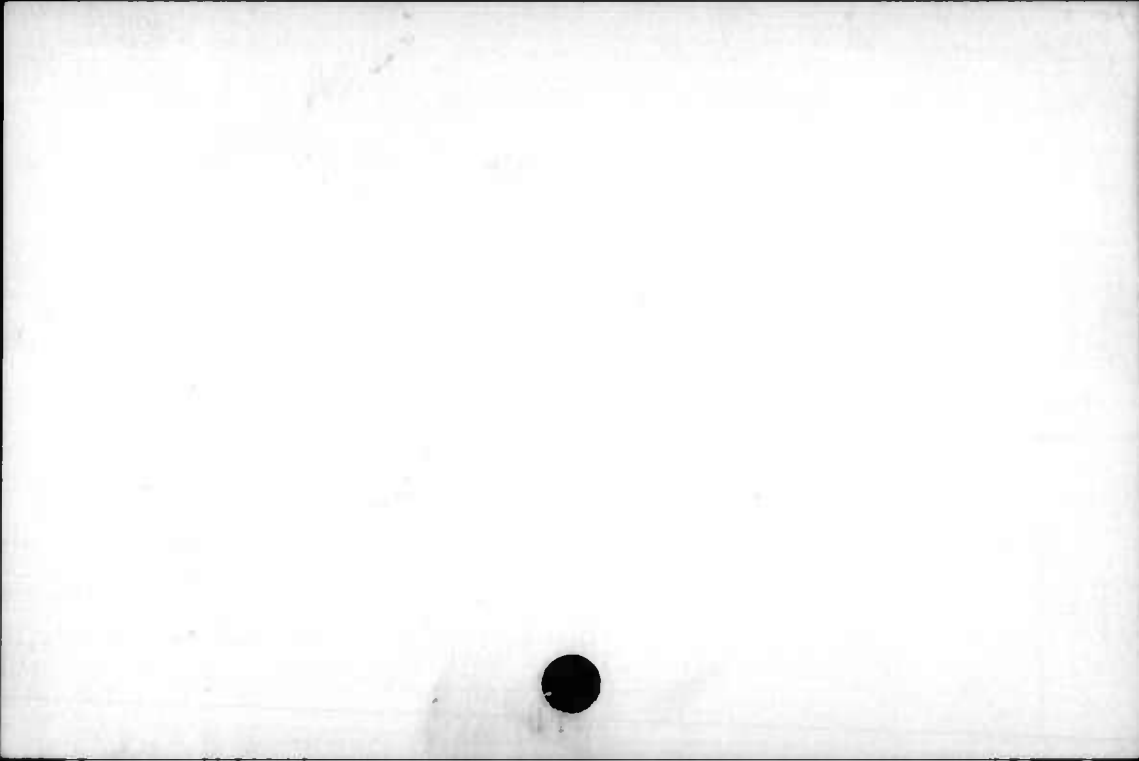
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Williamport		Washington					
Date of death	1907	Month	2	Day	28	Age	Years
Sex		Female		Color or Race		White	
Occupation		Child		Where Residing if not at place of death		Birth-place	
Child		Child				Williamport	
Father's Name		Victor E. Castle		Father's Birthplace		Williamport	
Mother's Maiden Name		Emma Bush		Mother's Birthplace		W. Va.	
Name of person giving information		Victor E. Castle		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long	-
Immediate		How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. S. Richardson	
		Address	
		Williamport Md.	
Accident or Suicide?			



Name
in
Full

Mary. K. Chauncy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1907	Month	2	Day	13	Age	1
Sex	Female		Color or Race	White		Birth-place	Maryland
Occupation	Child		Where Residing if not at place of death				
Married, Single or Widowed	Child		Name of Wife or Husband <i>child</i>				
Father's Name	<i>Harry M. Chauncy</i>					Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Bertha L. Chauncy</i>					Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Harry M. Chauncy</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Ecteroscolitis</i>	How long	<i>3 days</i>
Immediate	<i>Brain Fever</i>	How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. E. Peteroglo</i>
		Address	<i>Hagerstown</i>
Accident or Suicide?	<i>—</i>		<i>Ind</i>

Wm. J. St. —

Name
in
Full

Elizabeth B. Blopfer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

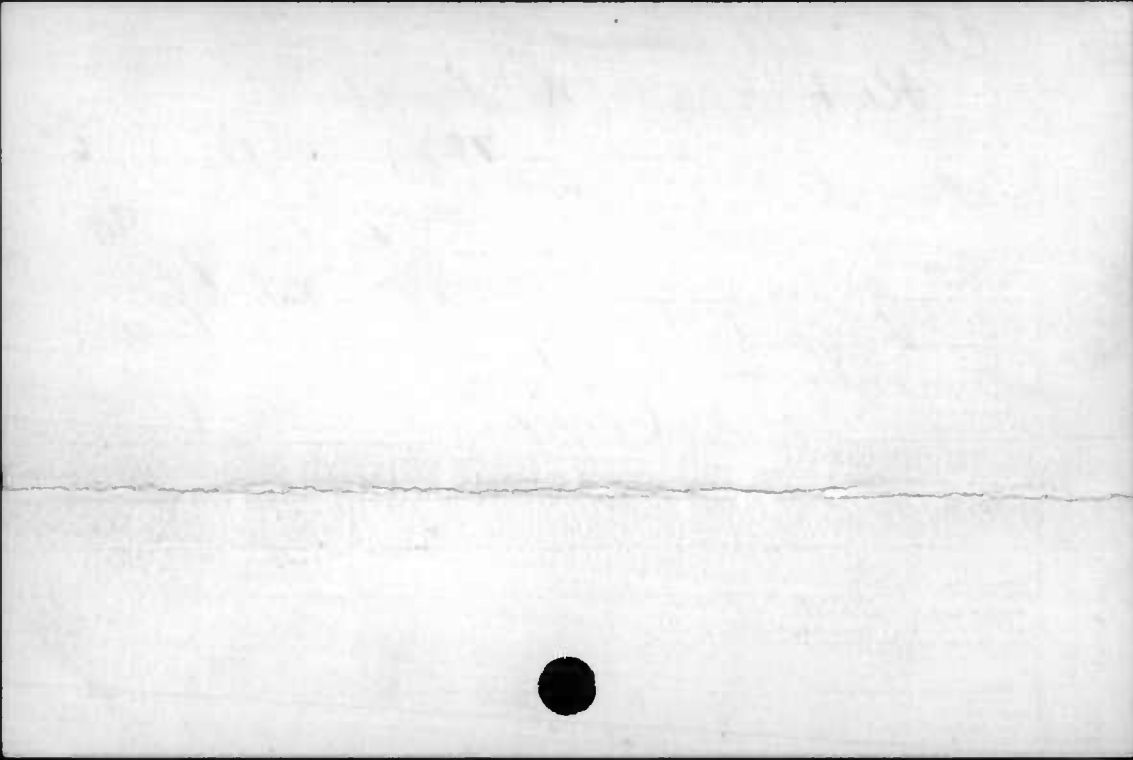
Died at <i>Rock Forge</i> ^{Town} <i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>2</i>	Age <i>78</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place	Months <i>10</i> Days <i>6</i>
Occupation <i>Home</i>	When Residing if not at place of death <i>Rock Forge</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Henry Blopfer</i>	Father's Name <i>Samuel Blinn</i>	Father's Birthplace <i>Md.</i>
Mother's Maiden Name <i>Elizabeth Blinn</i>	Mother's Birthplace <i>Md.</i>	Name of person giving information <i>H B Blopfer</i>	How related to deceased <i>Son.</i>

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Age & weak Heart</i>	How long <i>Years</i>
Immediate <i>Acute Indigestion</i>	How long <i>Few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yls.</i>	Signature of Physician <i>J. J. Amberson</i>
Address <i>130 W. Main St - Waynesboro Pa</i>	
Accident or Suicide? <i>No.</i>	



Name
in
Full

CERTIFICATE OF DEATH

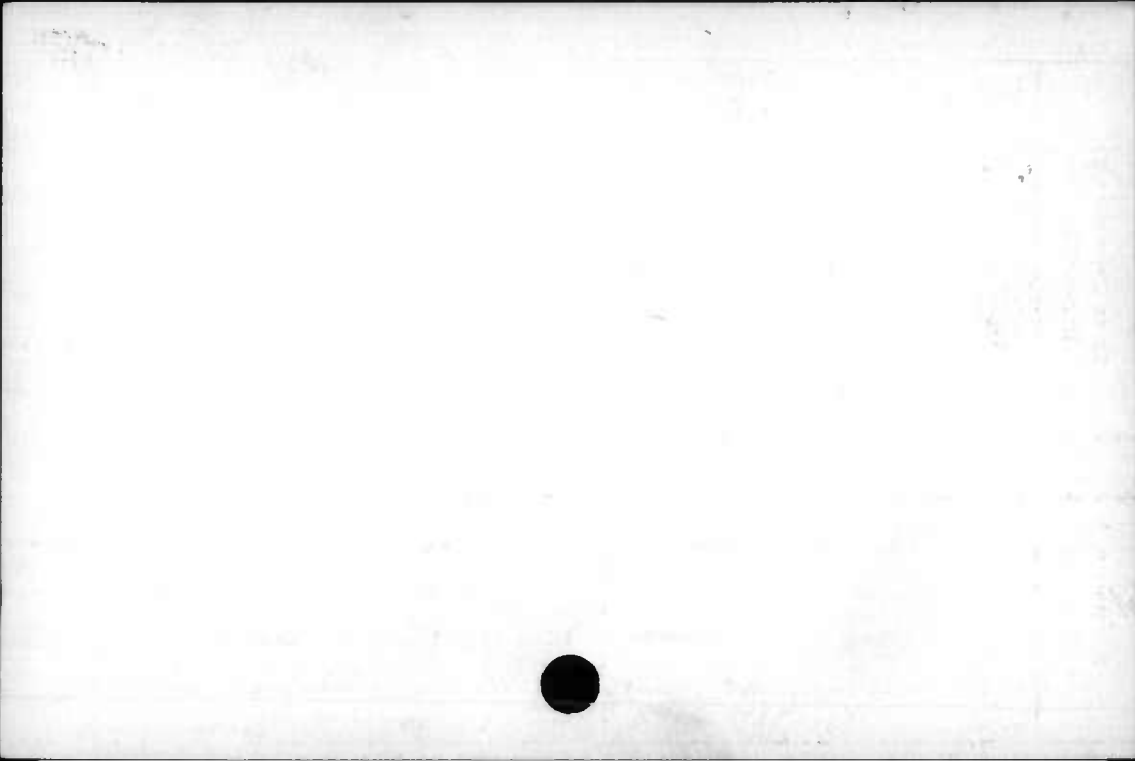
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ellen A. Christ Crust</i>		Town <i>Williamsport</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at		Month <i>7</i>		Day <i>19</i>		Years <i>38</i>	
Date of death <i>1907</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Penn.</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death					
Married, Single <i>Widowed</i>		Name of Wife or Husband <i>George Crust</i>					
Father's Name <i>John Tonks</i>		Father's Birthplace <i>Penn.</i>					
Mother's Maiden Name <i>Lea Cittera</i>		Mother's Birthplace <i>Penn.</i>					
Name of person giving information <i>George Crust</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	(27)	How long <i>Six or Eight years.</i>
Immediate <i>Heart failure</i>		How long <i>Sudden.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>W. L. Richardson</i>	
	Address <i>Williamsport Md.</i>	
Accident or Suicide? <i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George Howell Daugherty</i>		Town <i>Fargo</i>		County <i>Washington</i>		State <i>MARYLAND</i>					
Died at <i>Fargo</i>		Month <i>7</i>		Day <i>11</i>		Age <i>14</i>		Months <i>10</i>		Day <i>0</i>	
Date of death <i>1907</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Fargo</i>		Occupation		Where Residing if not at place of death <i>Fargo</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Name <i>Enoch Daugherty</i>		Father's Birthplace <i>Fairfield</i>		Mother's Maiden Name <i>Christiana Holman</i>		Mother's Birthplace <i>London Va</i>	
Name of person giving information <i>Enoch Daugherty</i>		How related to deceased <i>Father</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diabetes</i>	<i>(50)</i>	How long
Immediate	<i>Stroke</i>		<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. D. Baker</i>	Address <i>Behrens</i>
		<i>Maryland</i>	
Accident or Suicide?			

L E Surrant & Son



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		County		MARYLAND	
Date of death <i>1907</i>		Month <i>2</i>	Day <i>4</i>	Age <i>67</i>		Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm. M. Dougherty</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>				Mother's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>		How related to deceased <i>Husband</i>				Name of person giving information <i>Wm. M. Dougherty</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long <i>Some weeks</i>
Immediate <i>Cerebral infarction Paralysis</i>	How long <i>Some weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>yes</i>	Address <i>Has. P. R. R. Hagerstown Md.</i>
Accident or Suicide?	

St Pauls

Name
in
Full

Louisa Delander

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

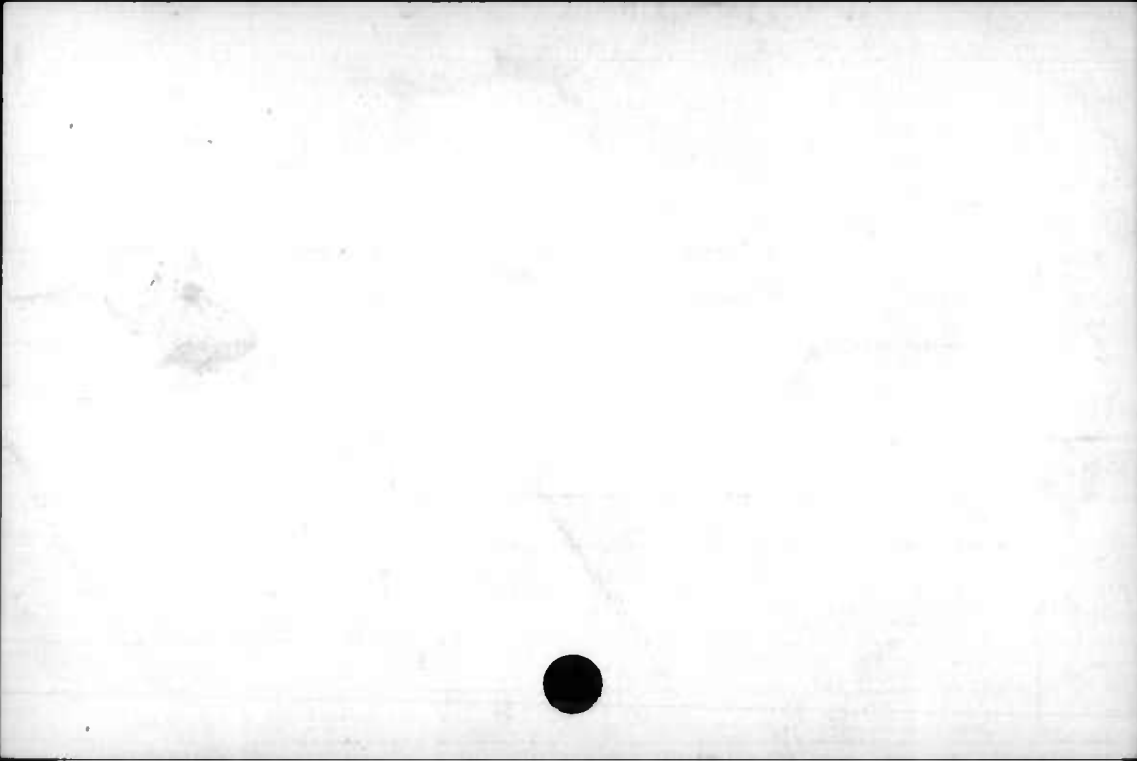
Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>2</i> <small>Month</small>	<i>28</i> <small>Day</small>	Age <i>70</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Va</i>			
Occupation <i>House work</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Elias Delander</i>				
Father's Name <i>Jacob Huffman</i>	Father's Birthplace <i>Va</i>				
Mother's Maiden Name <i>Emma Suerger</i>	Mother's Birthplace <i>Va</i>				
Name of person giving information <i>George W. Asherman</i>	How related to deceased <i>Son in Law</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senile Debility</i>	How long <i>1 year</i>
Immediate <i>Heart Failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. W. Asherman</i>
	Address <i>Hagerstown</i>
Accident or Suicide? <i>no</i>	<i>Wash.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Clinton Sylvester Detrich</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MAYLAND					
Died at <i>Hagerstown</i>		Month <i>2</i>		Day <i>4</i>		Years <i>4</i>		Months <i>8</i>		Days <i>3</i>	
Date of death <i>1907</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>					
Occupation <i></i>				Where Residing if not at place of death <i></i>							
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>							
Father's Name <i>John S. Detrich</i>				Father's Birthplace <i>Pa</i>							
Mother's Maiden Name <i>Estella G. Thurston</i>				Mother's Birthplace <i>Pa</i>							
Name of person giving information <i>J. S. Detrich</i>				How related to deceased <i>Father</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>10 days</i>
Immediate <i>Heart Weakness</i>	How long <i>4 ..</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Victor D. Duncanson</i>
	Address <i>Hagerstown</i>
Accident or Suicide? <i>no</i>	

Bakers Run Pa

Name
in
Full

CERTIFICATE OF DEATH

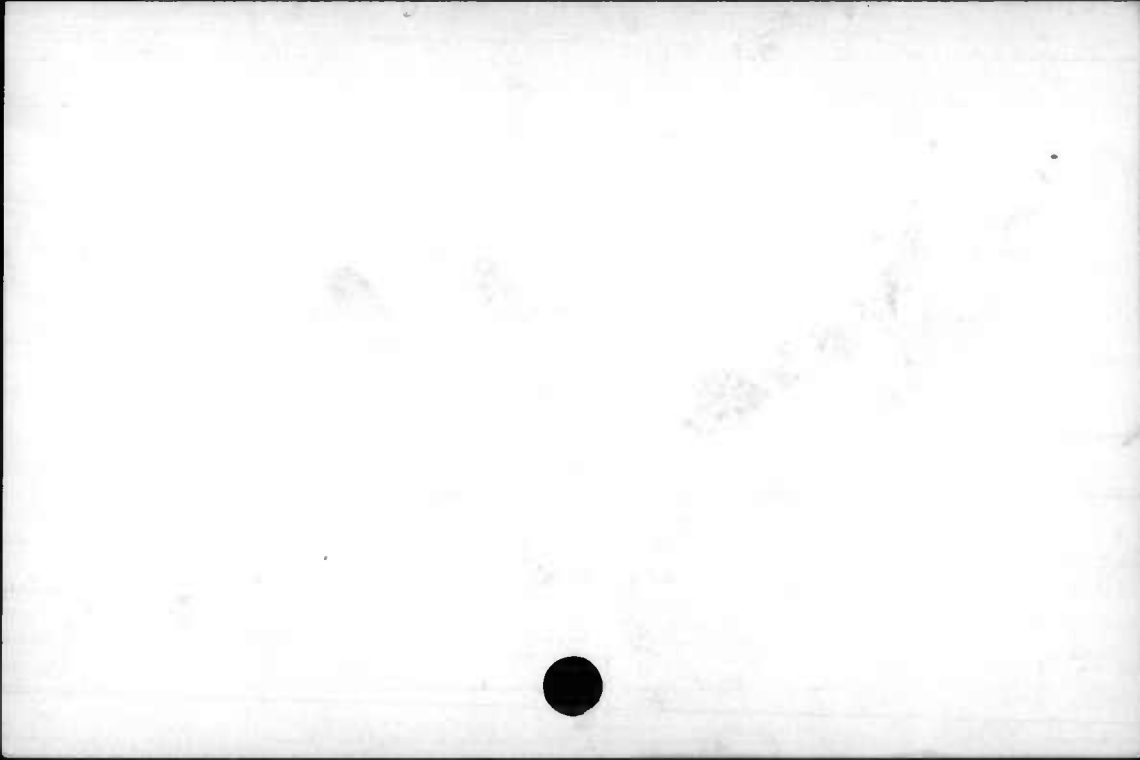
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	190 <u>7</u> ^{Month}	<u>2</u> ^{Day}	Age <u>19</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>Wood Worker</u>		Birth-place	<u>md</u>	
Married, Single or Widowed	<u>Single</u>		Where Residing if not at place of death	<u>md</u>	
Father's Name	<u>Jac C. L. Dubel</u>		Father's Birthplace	<u>md</u>	
Mother's Maiden Name	<u>Charlotte Kemmer</u>		Mother's Birthplace	<u>md</u>	
Name of person giving information	<u>Saulsberry Platt</u>		How related to deceased	<u>Brother Law</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Diphtheria</u>	How long	<u>2 weeks.</u>
Immediate	<u>Toxemia Cardiovascular</u>	How long	<u>3 days.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes.</u>	Signature of Physician	<u>W. M. Morrison</u>
		Address	<u>Hagerstown md</u>
Accident or Suicide?	<u>No</u>		



Name
in
Full

CERTIFICATE OF DEATH

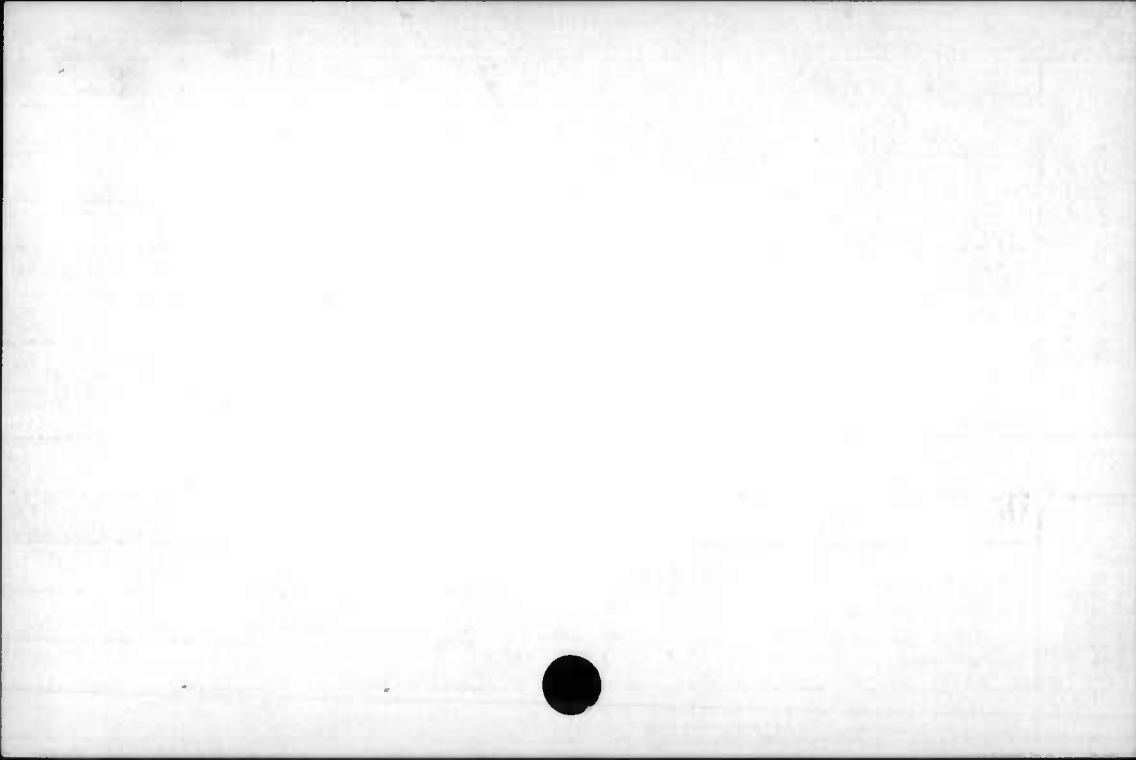
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Annie V. Dutrow</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>2</i>		Day <i>25</i>		Years <i>35</i>	
Date of death <i>1907</i>		Age <i>35</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>Md.</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Zittbestown, Md.</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>X X X X X</i>					
Father's Name <i>Daniel Dutrow</i>		Father's Birthplace <i>Fred. Co. Md</i>					
Mother's Maiden Name <i>Elizabeth Drell</i>		Mother's Birthplace <i>Fred. Co. Md</i>					
Name of person giving Information <i>Mrs. Jacob Huffall</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia. Lobar.</i>	How long <i>8 days.</i>
Immediate <i>Exhaustion</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes..</i>	Signature of Physician <i>Vickie D. Miller</i>
	Address <i>Hag.</i>
Accident or Suicide? <i>no -</i>	<i>Md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpsburg</i> ^{Town}		<i>Wash</i> ^{County}		<i>State</i> MARYLAND	
Date of death <i>1907</i> ^{Month} <i>2</i> ^{Day} <i>19</i> ^{Years} <i>75</i> ^{Months} <i>10</i> ^{Days} <i>10</i>		Sex <i>Male</i>		Color or Race <i>White</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Sharpsburg</i>		Birth-place <i>Sharpsburg</i>	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Elizabeth Eaway</i>			
Father's Name <i>Jacob Eaway</i>		Father's Birthplace <i>Don't Know</i>			
Mother's Maiden Name <i>Catharina Palmer</i>		Mother's Birthplace <i>Don't Know</i>			
Name of person giving information <i>Elizabeth Eaway</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apople</i>	How long <i>About 10 days</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. L. Gentry</i>
	Address <i>Sharpsburg, Md.</i>
Accident or Suicide?	

L E Sumner & Son

Name
in
Full

Rhoda S. Eavey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Heagistown</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death	1907	Month	Feb	Day	19
		Age	45	Years	
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	H. R.		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Clinton Eavey		
Father's Name	Daniel Holmes		Father's Birthplace	Md	
Mother's Maiden Name	Mary Gimmernan		Mother's Birthplace	Md	
Name of person giving information	Clinton Eavey		How related to deceased	Nephew	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer	How long	45	Several years
Immediate	Exhaustion	How long		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. O. Taggart	
	No	Address	Heagistown Md	
Accident or Suicide?	No			

Handwritten text, possibly a signature or date, centered on the page.

Name
in
Full

CERTIFICATE OF DEATH

Jonas W Eby

Town

Maugansville

County

Washington

MARYLAND

Died at

Date

of death

1907

Month

February

Day

10

Years

Age 83

Months

2

Days

14

Sex

Male

Color or
Race

White

Birth-
place

Pennsylvania

Occupation

Retired Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Susana Hershey

Father's
Name

Benjamin Eby

Father's
Birthplace

Penn

Mother's
Maiden Name

Veronica Wittmer

Mother's
Birthplace

Pennsylvania

Name of person giving
Information

Benjamin H Eby

How related
to deceased

Son

CAUSES OF DEATH

104

Primary

Acute Indigestion

How long

1 week

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

D. C. Miller

Address

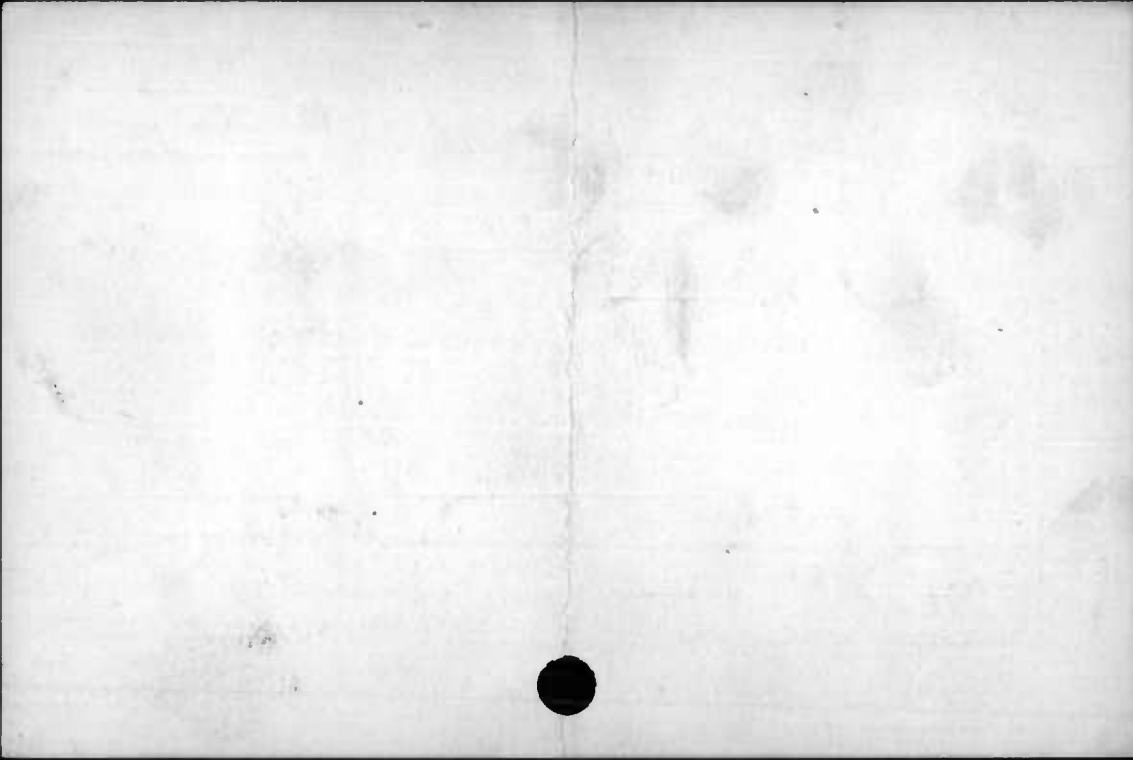
Rockport, Wis.

Pr

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

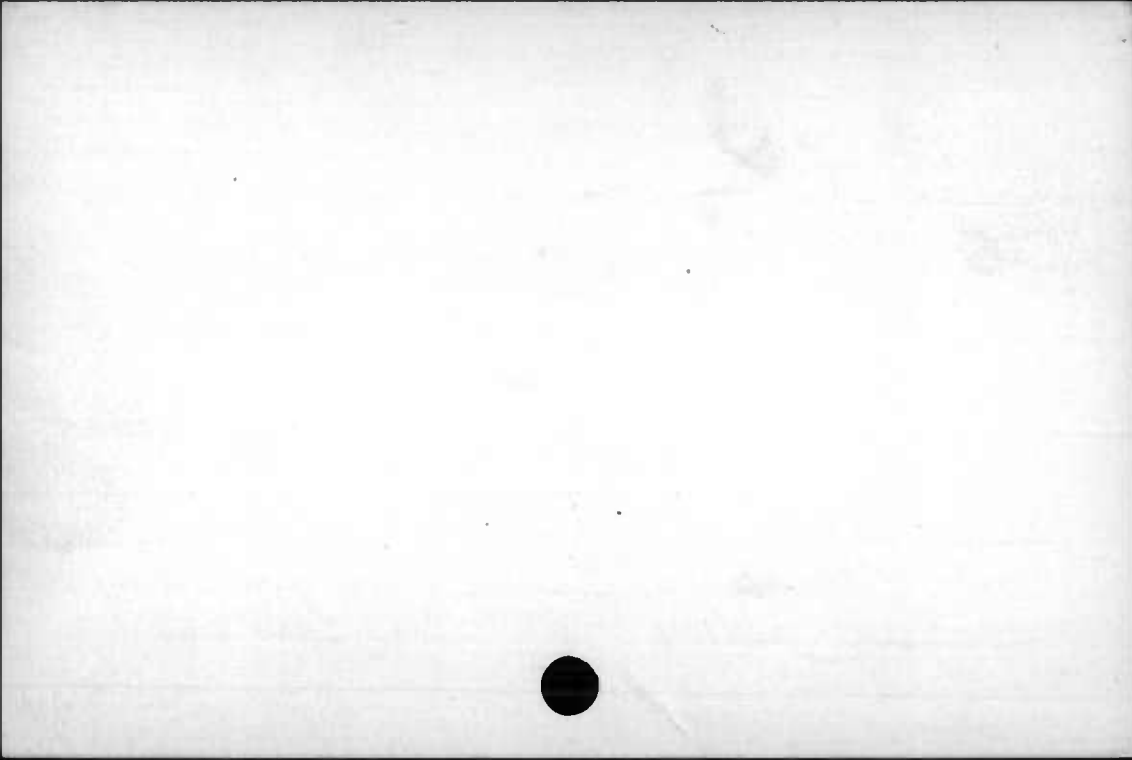
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		February	21	Age 22	6	7	
Sex		Color or Race		Birth-place			
Negro		White		Maryland			
Occupation		Where Residing if not at place of death					
Lealoner							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Otto J. Ford		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Ettie Haupt		Maryland					
Name of person giving information		How related to deceased					
Otto J. Ford		Father					

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary	Pericarditis, Aneurysm	How long	4 months
Immediate	Apoplexy	How long	Sudden
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes.		J. Hubert, M.D., M.D.	
		Address	
		Baltimore.	
Accident or Suicide?		Ind.	
No.			



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ernstville</i> ^{Town}		<i>Wash</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Feb</i>	Day	<i>25</i>
Age		Years		Months	Days
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>William Perry</i>			Father's Birthplace	<i>Pa</i>
Mother's Maiden Name	<i>Elizabeth Hull</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>William Perry</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Insanition</i>	How long	<i>Two Days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. P. Perry</i>
		Address	<i>Chaparral</i>
Accident or Suicide?			



Name
in
Full

Charles M. Futtner.

CERTIFICATE OF DEATH

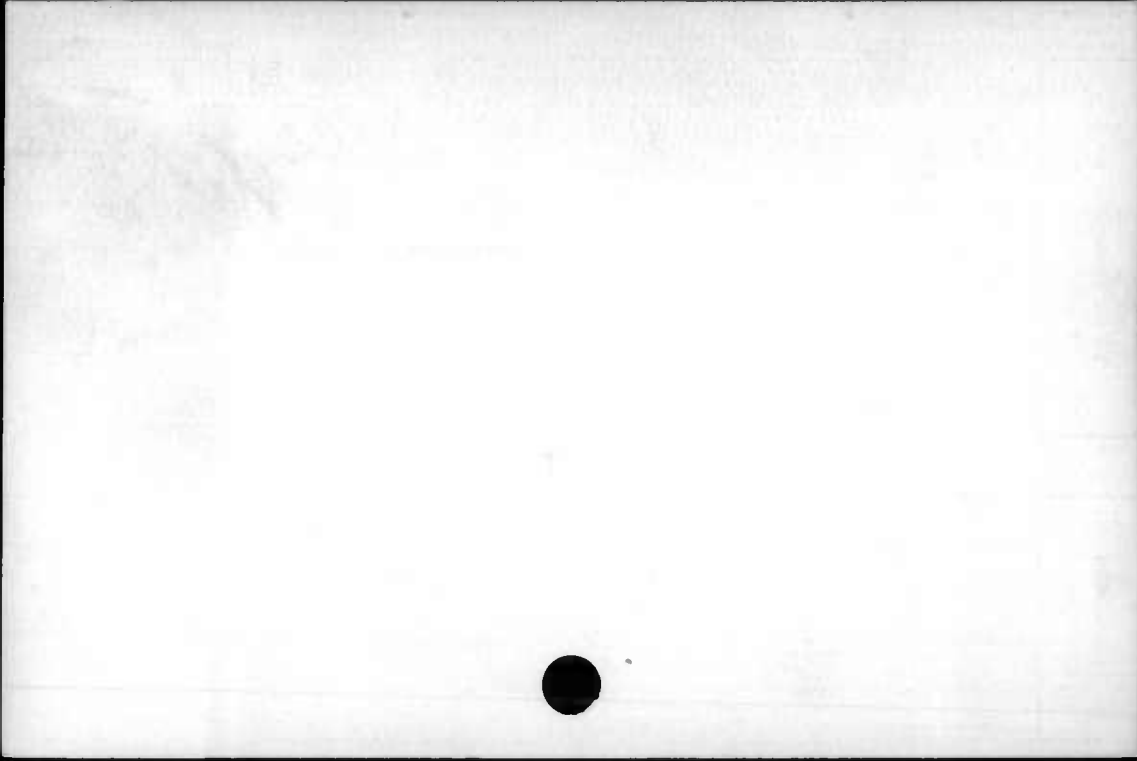
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	190 <i>7</i>	Month <i>2</i>	Day <i>18</i>	Age <i>66</i>	Months <i>10</i> Days <i>23</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ind.</i>		
Occupation <i>auctioneer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife <i>Otilia B. Futtner.</i>				
Father's Name <i>Aloysius Futtner</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Catherine Stuts</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>J. Frank Futtner</i>			How related to deceased <i>brother.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diabetes</i>	(50)	How long <i>Unknown</i>
Immediate <i>Coma</i>		How long <i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. P. Scott</i>	Address
Accident or Suicide? <i>No</i>		



Name
in
Full

Mrs Rebecca Good

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown ^{Town} Wash. ^{County} **MARYLAND**

Date of death 190 7 ^{Month} 2 ^{Day} 5 Age 82 ^{Years} 5 ^{Months} 23 ^{Days}

Sex female Color or Race white Birth-place md.

Occupation Lady of Leisure Where Residing if not at place of death md.

Married, Single or Widowed widow Name of ~~Wife or~~ Husband William Good

Father's Name John Shank Father's Birthplace md.

Mother's Maiden Name Matilda ^{Full maiden name not known} Mother's Birthplace md.

Name of person giving information Mrs John Sprinkle How related to deceased daughter

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Valvular disease of Heart ^{How long} 3 or 4 months

Immediate 1 ^{How long} 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Chas B Boyle

Address Hagerstown
md.

Accident or Suicide? No

Broadfording.

Name
in
Full

Maggie Sophia Grossnickel

CERTIFICATE OF DEATH

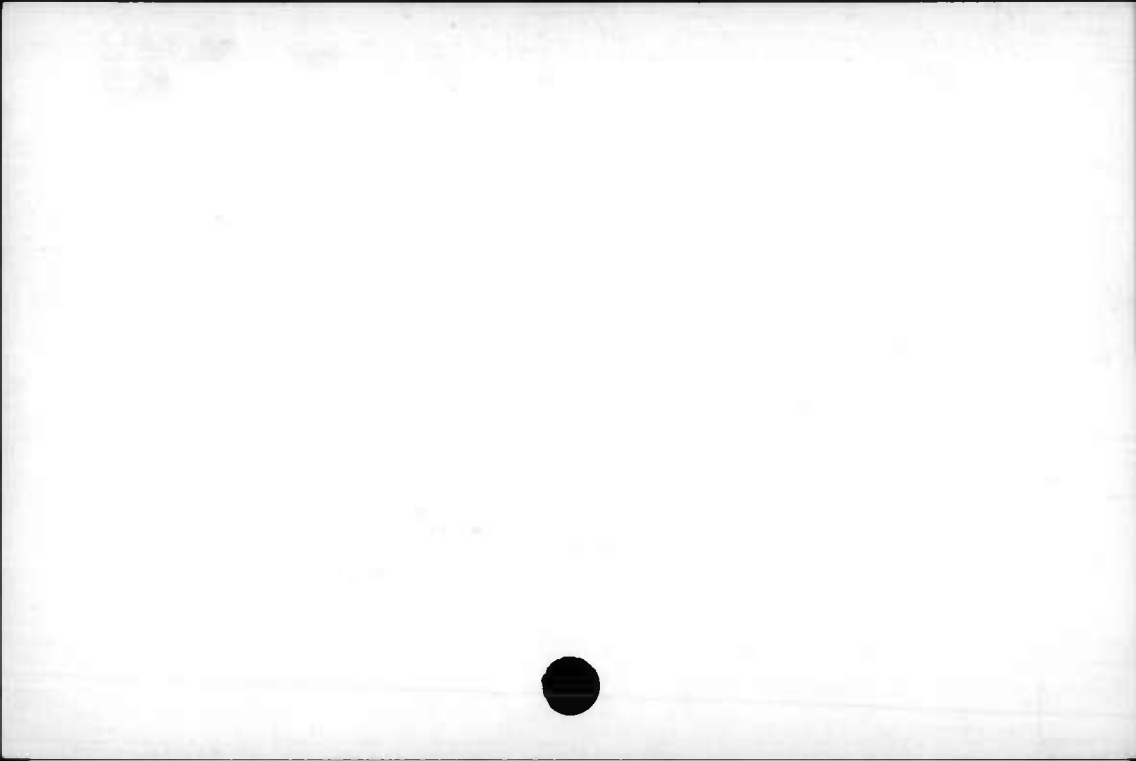
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Keedysville</i>		Town <i>Wash</i>		County		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>2</i>	Day <i>8</i>	Age <i>47</i>	Years	Months <i>2</i>	Days <i>19</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Keedysville</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>Keedysville</i>				
Married, Single or <i>Widowed</i>			Name of Wife or Husband				
Father's Name <i>John A Grossnickel</i>			Father's Birthplace <i>Fred Co</i>				
Mother's Maiden Name <i>Mary L Grossnickel</i>			Mother's Birthplace <i>Bunkstown</i>				
Name of person giving information <i>John A Grossnickel</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis & Imbecility</i>	<i>(10)</i>	How long <i>40 years</i>
Immediate <i>La Grippe</i>		How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. M. Kihiser</i>	
	Address <i>Keedysville Md</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpsburg</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	<i>Feb</i> <small>Month</small>	<i>13</i> <small>Day</small>	Age <i>84</i> <small>Years</small>	<i>Months</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bornboro</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>none</i>				
Married, Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband <i>Daniel R. Grove Dec'd</i>		Father's Birthplace <i>Wash. Co.</i>		
Father's Name <i>Jonathan Shaden</i>	Mother's Maiden Name <i>Susan Ringer</i>		Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Mrs. Wm Blackford</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>Several years</i>
Immediate <i>Paralysis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. C. [Signature]</i>
	Address <i>Washington Md</i>
Accident or Suicide?	

Chas. S. Wade
undertaker

Name
in
Full

David Hamburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

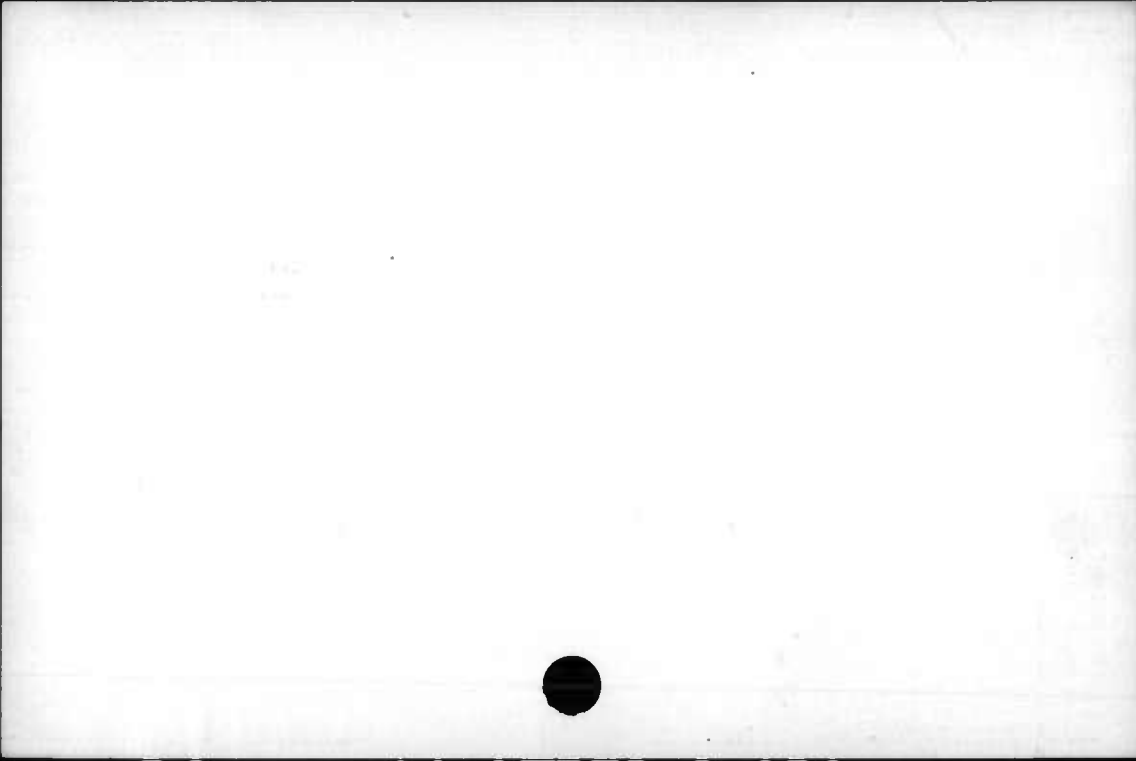
Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190 <i>7</i> ^{Month} <i>2</i> ^{Day} <i>19</i>		Age <i>80</i> ^{Years}		Months <i>1</i> Days <i>23</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Occupation <i>Master</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Isaac Hamburg</i>		Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Rebecca Nicholas</i>		Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>Bernard Hamburg</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

(112)

PHYSICIAN
OR CORONER

Primary	<i>Cirrhosis of Liver</i>	How long	<i>Months</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. J. ...</i>	
Address <i>Hagerstown, Md</i>		Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		26	5	72		11	8
Sex	Female	Color or Race	White	Birth-place	Bonsboro, Md.		
Occupation	Retired			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name	John Hammond				Father's Birthplace	Virginia	
Mother's Maiden Name	Sarah Pilbrough				Mother's Birthplace	Bonsboro Md.	
Name of person giving information	Mrs. E. T. South				How related to deceased	Daughter.	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Interstitial Nephritis	How long	?
Immediate	Acute Pulmonary Oedema	How long	12 hrs
Are the name, age, sex, color, date and place correctly given above?		Yls	
Signature of Physician		V. M. Reichard	
Address		Fairplay	
Accident or Suicide?			

Name
in
Full

Luther A Hammond

CERTIFICATE OF DEATH

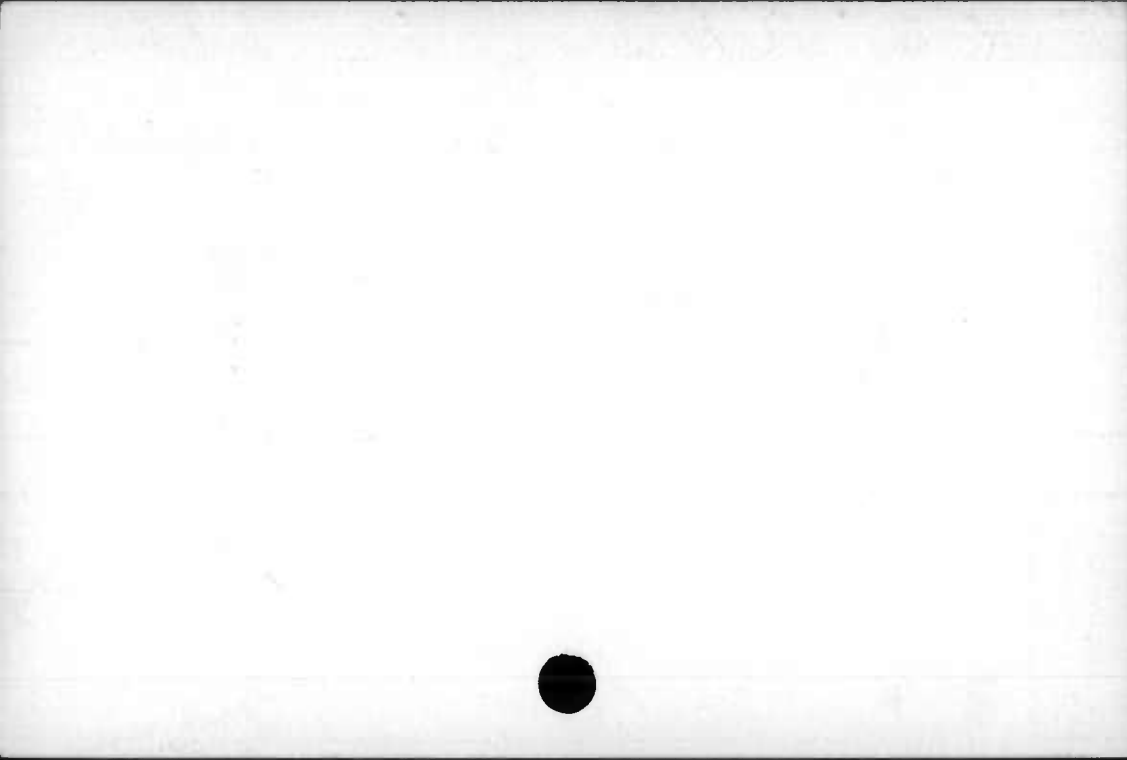
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		1907	Month 2	Day 20	Age 52	Years 2	Months 28
Sex		Male		Color or Race		White	
Occupation		Farmer		Where Residing if not at place of death		Reedysville	
Married, Single or Widowed		Single		Name of Wife or Husband		Laura Hammond	
Father's Name		Abraham Hammond		Father's Birthplace		Reedysville	
Mother's Maiden Name		Elizabeth Doub		Mother's Birthplace		Reedysville	
Name of person giving information		Laura Hammond		How related to deceased		Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Grippe	How long	3 days
Immediate	Apyretic Pleur Pneumonia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. H. Nihiser	
Address		Reedysville Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Wyatt Harris		Town Hagerstown		County Washington		State MARYLAND	
Died at Hagerstown		Month 2		Day 6		Years 64	
Date of death 1907		Month 2		Day 6		Years 64	
Sex Male		Color or Race Colored		Birth-place Not Na			
Occupation Laborer		Where Residing if not at place of death _____					
Married, Single or Widowed Single		Name of Wife or Husband _____					
Father's Name unknown		Father's Birth place unknown					
Mother's Maiden Name unknown		Mother's Birth place unknown					
Name of person giving information W Moore		How related to deceased None					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary Lung trouble	How long 10 days
Immediate Exhaustion	How long 1 day
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Edw. Marshall
	Address By water
Accident or Suicide? _____	

Halfway

ack

2/8/07

Name
in
Full

Charles. Harsh

CERTIFICATE OF DEATH

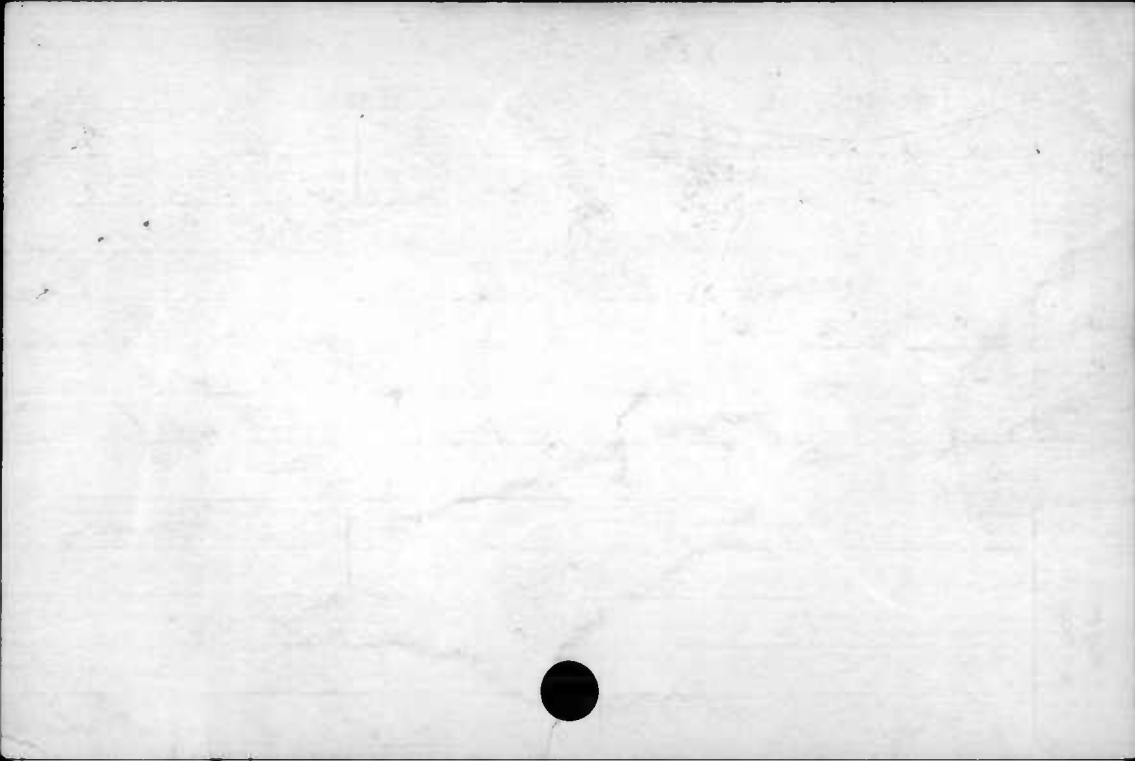
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Williamsport</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death 190	<i>7</i>	Month <i>2</i>	Day <i>9</i>	Age <i>45</i>	Years	Months <i>6</i>	Days <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Near Williamsport</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Teacher</i>						
Name of Wife or Husband <i>Anna K. Pittenger</i>							
Father's Name <i>Andrew Harsh</i>		Father's Birthplace <i>Wilson Dist</i>					
Mother's Maiden Name <i>Anna V. Buchanan</i>		Mother's Birthplace <i>Sharpsburg</i>					
Name of person giving information <i>Mrs Annie V Harsh</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>27</i> years
Immediate <i>Tuberculosis</i>	How long <i>4</i> years
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. B. H. M.D.</i>
Address <i>Williamsport, Md</i>	
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hezekiah W. Hurley

Died at ^{Town} *Hagerstown* ^{County} *Wash.*

MARYLAND

Date of death ^{Month} *2* ^{Day} *10* ^{Years} *75* ^{Months} *7* ^{Days} *17*Sex *male* Color or Race *white* Birth-place *md.*Occupation *Retired Harness maker* Where Residing if not at place of deathMarried, Single or Widowed *married* Name of Wife or Husband *Catharine E. Hurley*Father's Name *James Hurley* Father's Birthplace *md*Mother's Maiden Name *Matilda Thomas* Mother's Birthplace *"*Name of person giving information *D M Hurley* How related to deceased *son*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONERPrimary *General Debility* How long *2 weeks*
Immediate *Exhaustion* How long *1 day*

Are the name, age, sex, color, date and place correctly given above?

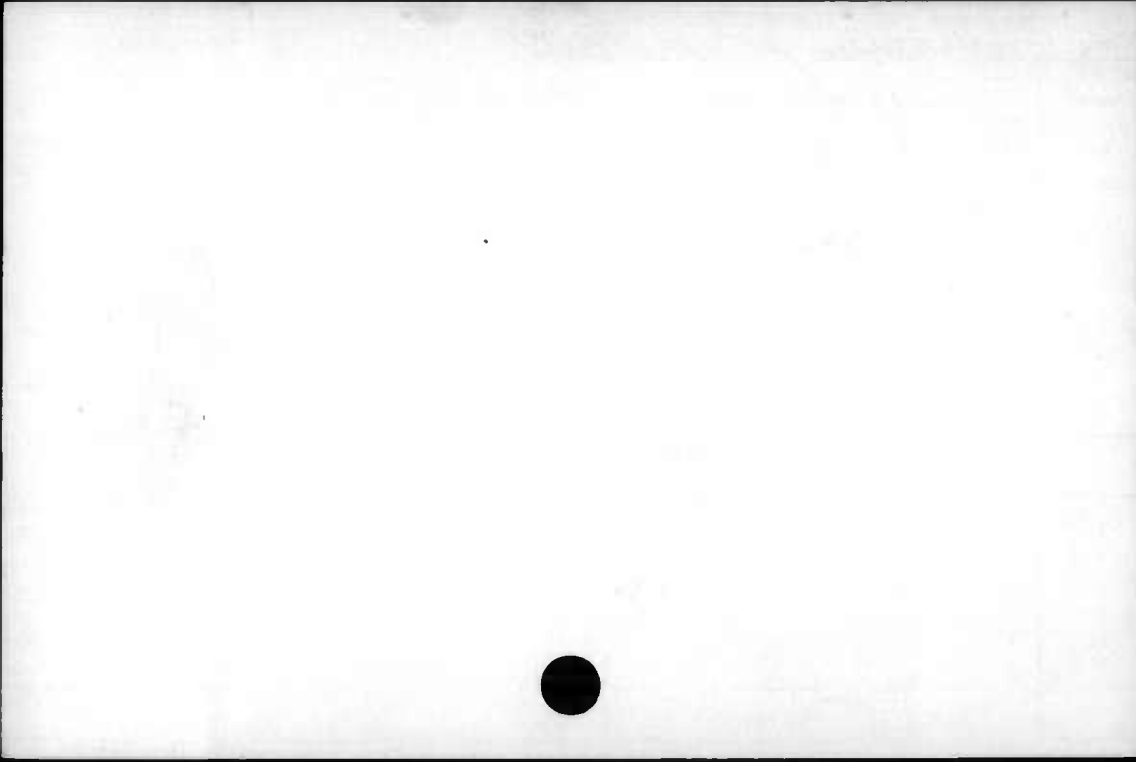
yes

Signature of Physician

Address

A P Stauffer
Hagerstown
md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

John Krimer

Town

County

Died at

near Reithersburg

Washington

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907

February

23

Age

77

4

27

Sex

Male

Color or
Race

White

Birth-
place

Franklin Co., Pa.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Julian Krimer

Father's
Name

Michael Krimer

Father's
Birthplace

Adams Co., Pa.

Mother's
Maiden Name

Anna Frick

Mother's
Birthplace

Adams Co., Pa.

Name of person giving
Information

Mrs Julian Krimer

How related
to deceased

Wife

CAUSES OF DEATH

108

Primary

Intestinal Obstruction

How long

3 days -

Immediate

Exhaustion

How long

5 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

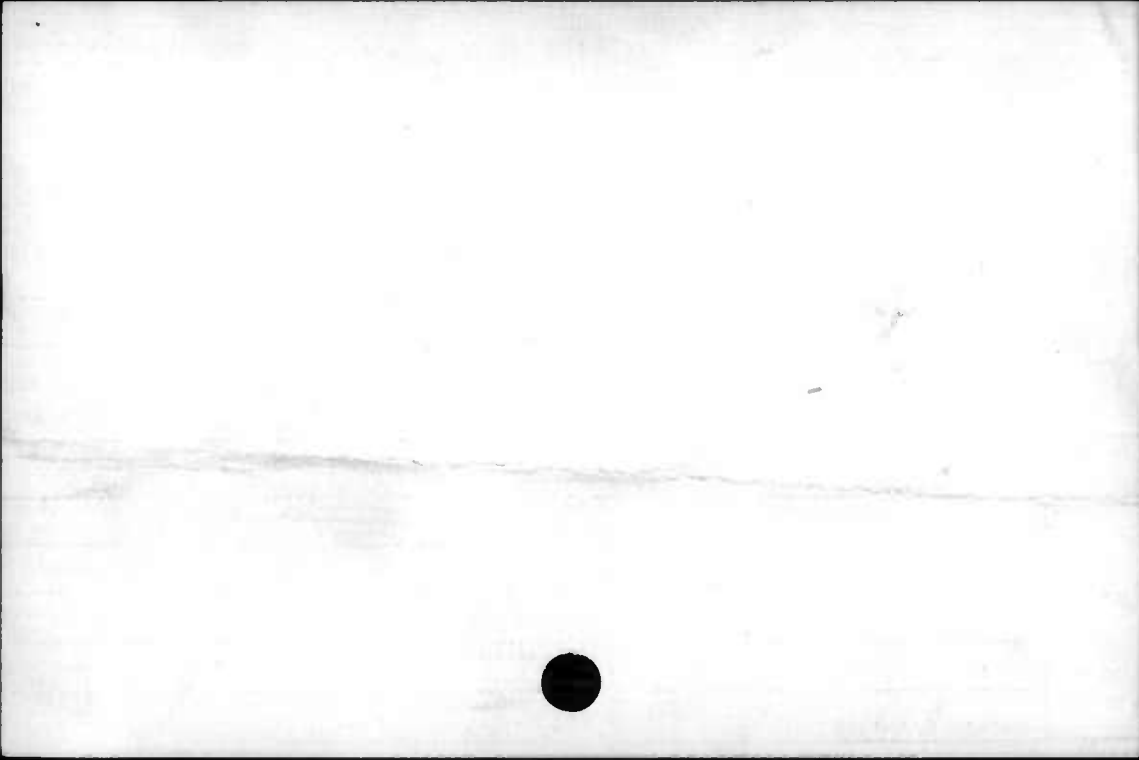
Signature of
Physician

Address

J. P. Wilson,
Reithersburg,
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Frank Allen Leaf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST KIN

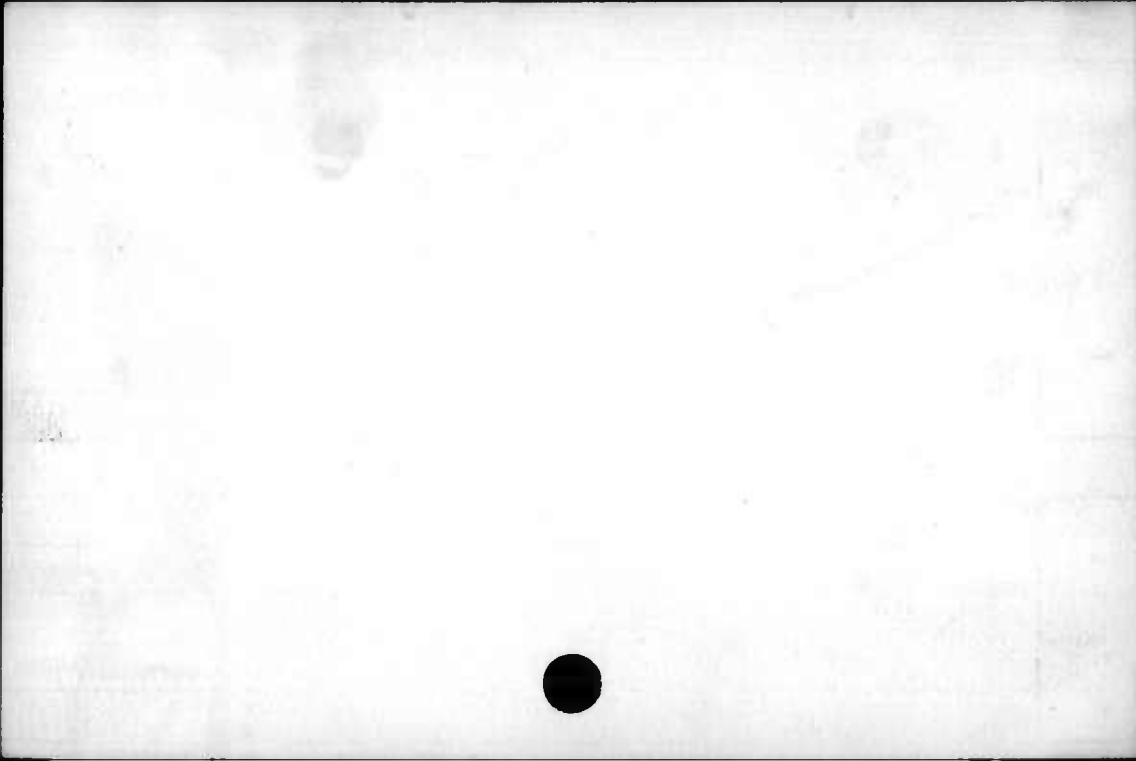
Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		1907	Month 2	Day 16	Age	Years 3	Months 25
Sex		Male		Color or Race		White	
Occupation		Child		Where Residing if not at place of death		Child	
Married, Single or Widowed		Child		Name of Wife or Husband		Child	
Father's Name		Albert T Leaf		Father's Birthplace		McKeesport Pa	
Mother's Maiden Name		Edith W Kries		Mother's Birthplace		Williamsport Md	
Name of person giving In formation		Lewis W Kries		How related to deceased		Uncle	

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	Cerebro-spinal meningitis	How long symptoms since birth	36 hrs.
Immediate	Heavy cold followed by convulsions	How long	36 hrs.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. D. T. Lester	
Address		Williamsport Md	
Accident or Suicide?			



Name
in
Full

Melinda C. Loeff.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

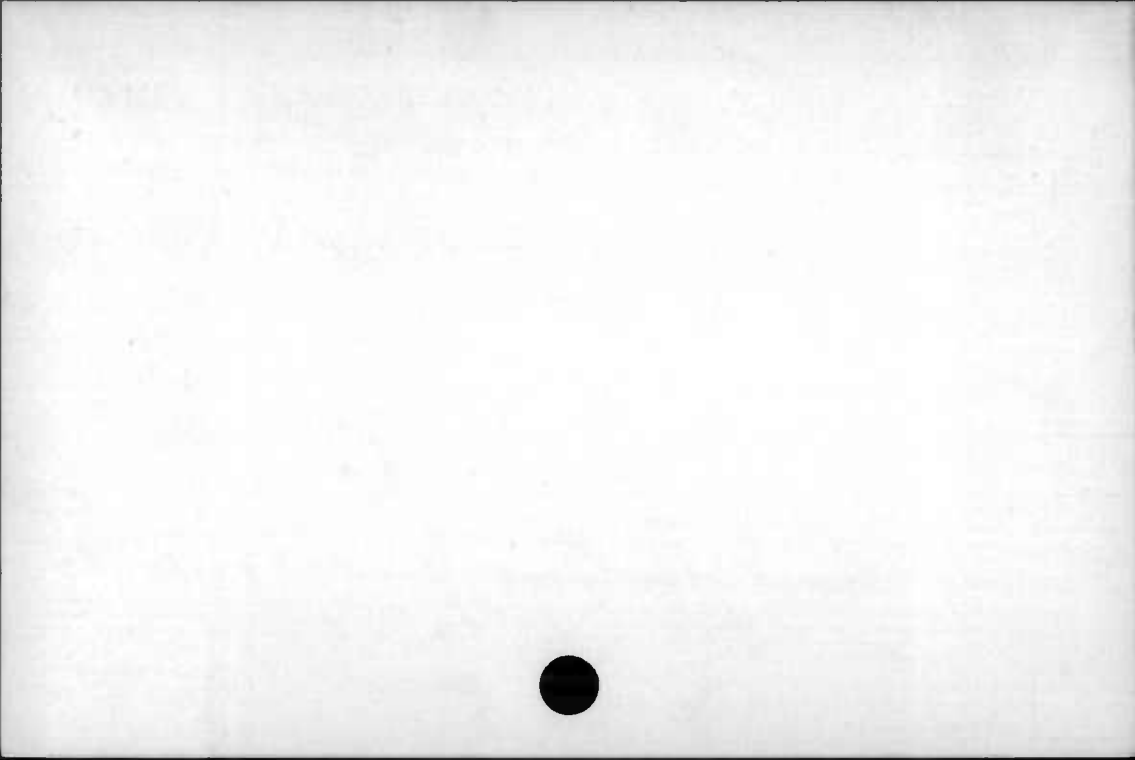
Died at		Town Bonesboro		County Washington		MARYLAND	
Date of death		Month July	Day 27	Age Years 59	Months 9		Days
Sex Female		Color or Race White		Birth- place Maryland			
Occupation House-wife		Where Residing if not at place of death					
Married, Single or Widowed Widow		Name of Wife or Husband George Loeff.					
Father's Name Stanthard Taft		Father's Birthplace Ind. Co.					
Mother's Maiden Name Susan Smith		Mother's Birthplace Ind. Co.					
Name of person giving In formation Melvin Loeff		How related to deceased Son					

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary	Cancer (Mammary)	How long	1 year
Immediate	Exhaustion, Debility	How long	2 months.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. Hubert Wade, Ind.	
Address		Bonesboro.	
Accident or Suicide?		No	
		Maryland.	



Name of Child

Certificate of Birth

✓

Civil - SARAH ANN Lindsay

Town

County

Born at MANGAMVILLE Washington

MARYLAND

Date 1907 Feb 10 White ~~Male~~ Living Number of Child: ~~1st 2nd~~ 3rd

Father's Name in Full Boyd Lincoln Age 28

Occupation Stone Mason Birthplace Pa.

Mother's Maiden Name Frances Lovern Age 26

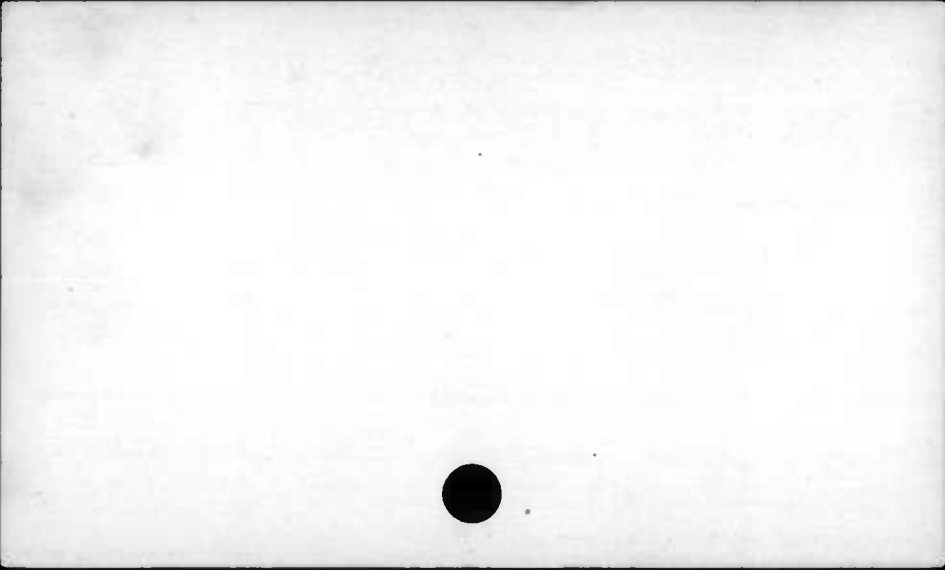
Occupation Housewife Birthplace Fla.

Reported by W. C. Miller Physician, Midwife, Parent

Address Villaville & Dixon Pa.

If child is not named, send name as early as possible.

LIBRARY BUREAU, 79898



Name
in
Full

Susan Little

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

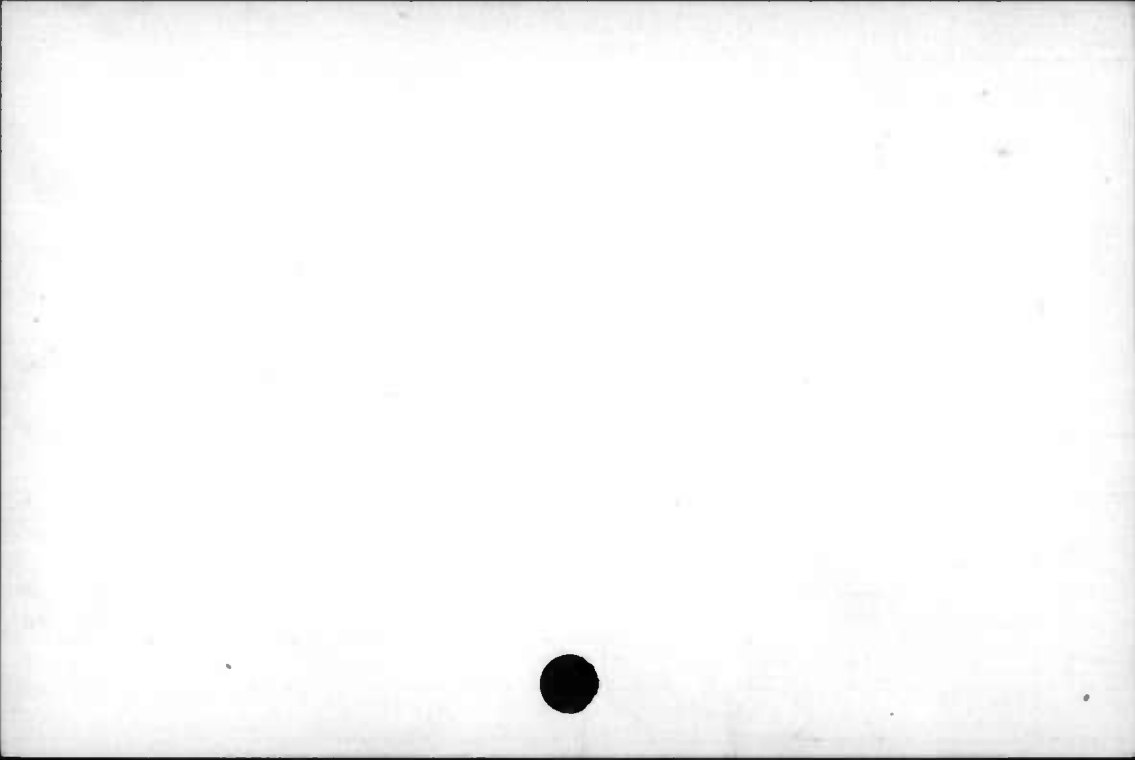
Died at <i>Bartown</i>		Town		<i>Wash.</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>2</i>	Day	<i>21</i>	Age	<i>74</i>	Years	<i>9</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Pennsville</i>		
Occupation	<i>None</i>			Where Residing if not at place of death			<i>Bartown Md.</i>		
Married, Single or Widowed				Name of Wife or Husband			<i>Susan Little</i>		
Father's Name	<i>David Heyner</i>					Father's Birthplace	<i>Pa.</i>		
Mother's Maiden Name	<i>Barbara J. Heyner</i>					Mother's Birthplace	<i>Penn. Md.</i>		
Name of person giving information	<i>Mrs. Henry Kellman</i>					How related to deceased	<i>Daughter</i>		

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bronchitis</i>		How long	<i>10 years</i>
Immediate	<i>Heart Failure</i>		How long	<i>Instant</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>Dr. W. D. Kellman</i>
			Address	<i>Smithsburg Md.</i>
Accident or Suicide?				



Name
is
Full

CERTIFICATE OF DEATH

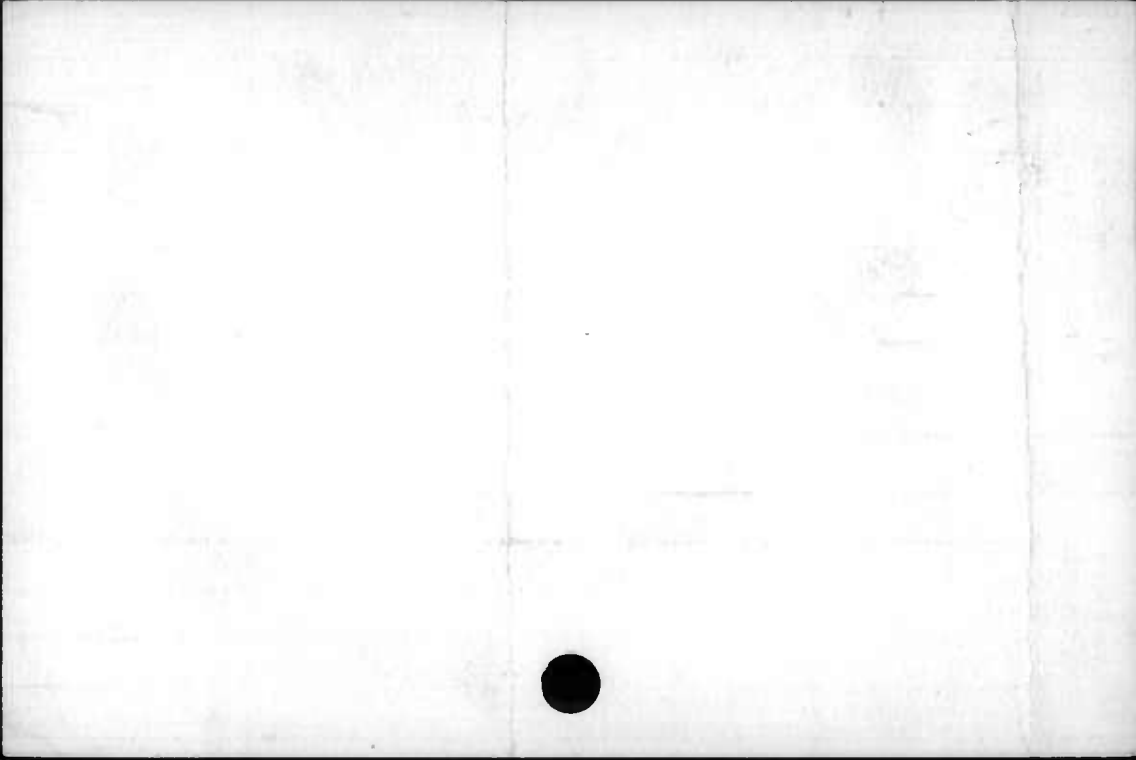
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Edward S. Mair</i>		Town <i>Brownsville</i>		County <i>Washington</i>		MARYLAND	
Died at		Month <i>2</i>		Day <i>21</i>		Years <i>21</i>	
Date of death <i>1903</i>		Month <i>2</i>		Day <i>21</i>		Years <i>21</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Mo</i>			
Occupation <i>---</i>		Where Residing if not at place of death <i>---</i>					
Married, Single or Widowed		Name of Wife or Husband <i>---</i>					
Father's Name <i>Jasper Mair</i>		Father's Birthplace <i>Mo</i>					
Mother's Maiden Name <i>Emma Brown</i>		Mother's Birthplace <i>Indiana</i>					
Name of person giving In formation <i>George W. Forch</i>		How related to deceased <i>Neighbor</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Convulsions</i>	How long <i>2 days</i>
Immediate <i>11</i>	How long <i>---</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Hunter</i>
	Address <i>Brownsville</i>
	<i>Mo</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Cephus Marsh.		Town		County		MARYLAND						
Died at		Near Hancock		Washington								
Date of death		1907	Month	Feb.	Day	26	Years	67	Months	4	Days	
Sex		Male		Color or Race		Colored.		Birth-place		Wash. C. Md		
Occupation		Farmer.		Where Residing if not at place of death		Died at Home.						
Married, Single or Widowed		Widowed		Name of Wife or Husband		Priscilla Lee (Marsh)						
Father's Name		James Marsh.		Father's Birthplace		Wash C. Md						
Mother's Maiden Name		Lige Boggs (Marsh)		Mother's Birthplace		"						
Name of person giving information		H. B. Searolt		How related to deceased		None.						

CAUSES OF DEATH

Primary

Heart Disease

79

How long

Immediate

How long

1 yr,

Are the name, age, sex, color, date and place correctly given above?

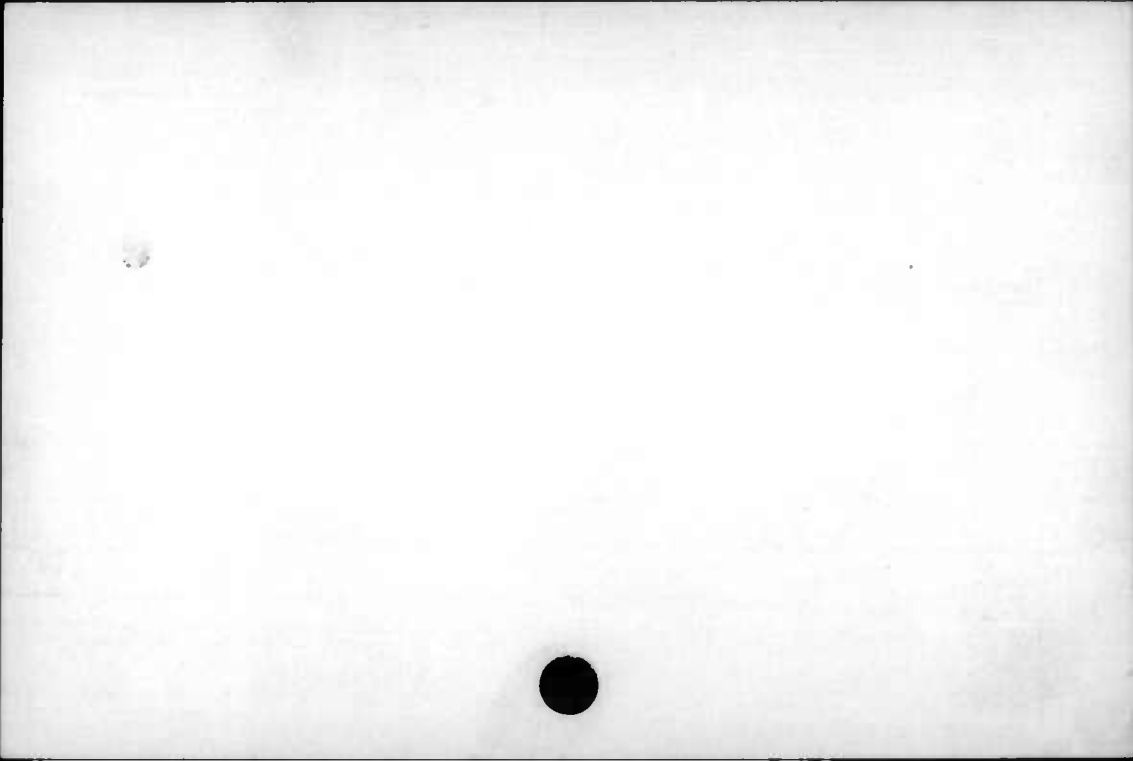
Signature of Physician

Address

J. J. Higgins.

Hancock, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

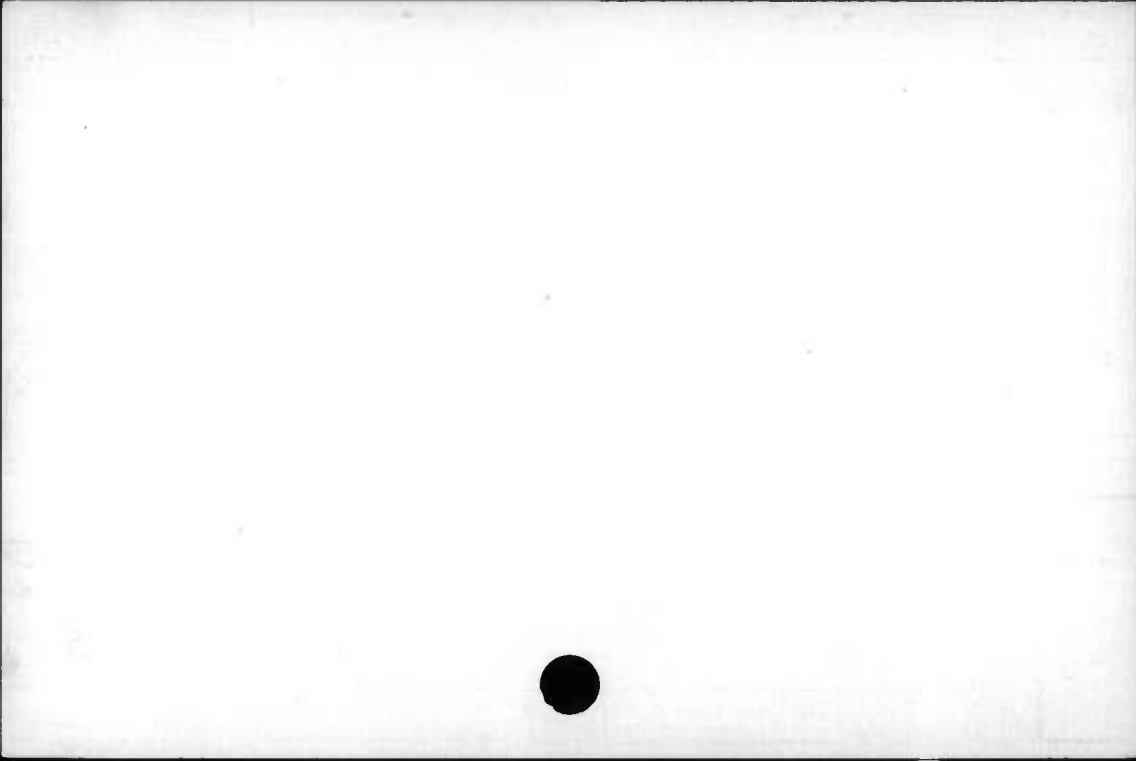
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monroville</i> ^{Town}		<i>Wash</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Feb</i> ^{Month}	<i>23</i> ^{Day}	<i>76</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Emmitsburg</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single <i>Widowed</i>	Name of Wife or Husband <i>Isabell Mouser</i>				
Father's Name <i>John Martin</i>	Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>"</i>		
Mother's Maiden Name <i>Loritta Livers</i>	Name of person giving information <i>James Brannen</i>		How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	<i>(10)</i>	How long <i>2 Weeks</i>
Immediate <i>Heart Failure</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. T. Mason, M.D.</i>	
	Address <i>Clearspring Md</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Calvin Marty* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown*

Date of death *1907* Month *2* Day *3* Age *26* Years Months *6* Days *—*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Fireman* Where Residing if not at place of death *Ind*

Married, Single or Widowed *Married* Name of Wife or Husband *Bertha E. Marty*

Father's Name *Clinton Marty* Father's Birthplace *Ind*

Mother's Maiden Name *Maunella Houph* Mother's Birthplace *Ind*

Name of person giving information *Bertha Marty* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* *(93)* How long *6 days*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. E. Patavogle*

Address *Hagerstown Ind*

Accident or Suicide? *no*

A. K. Lippman
Internist in Boston

1/6/07

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

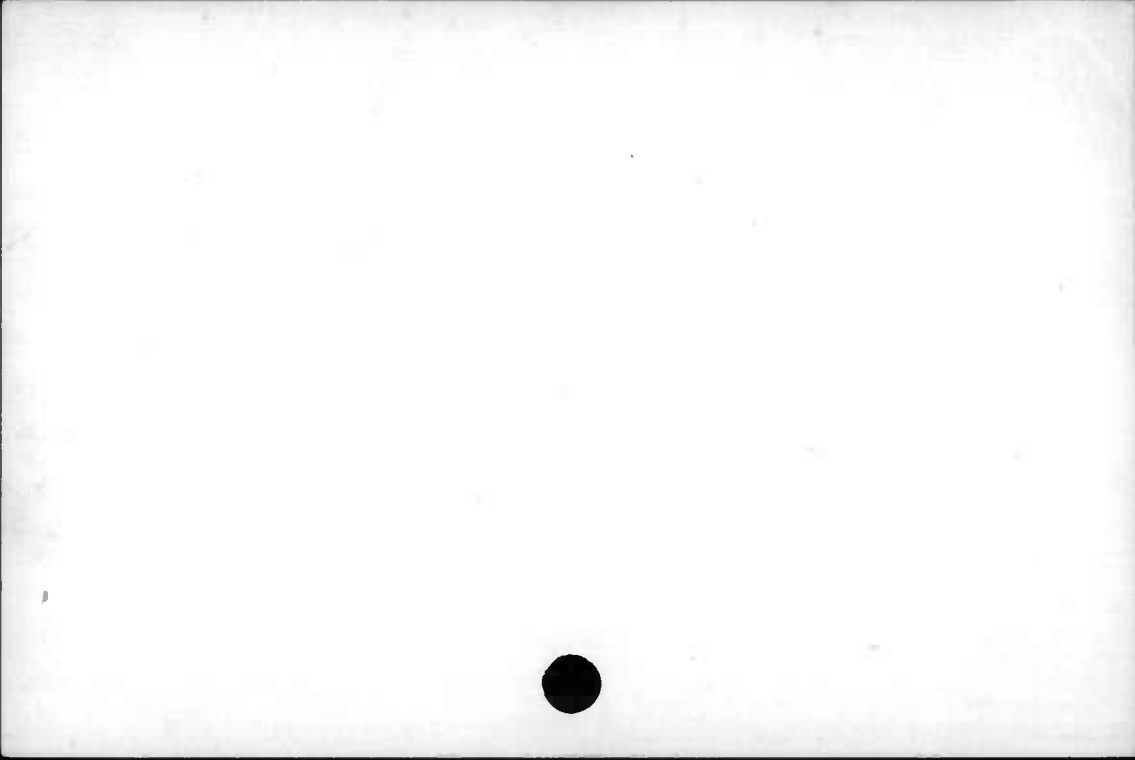
Died at <i>Tilghmanton</i>		Town <i>Ilash</i>		County		MARYLAND	
Date of death	1907	Month	2	Day	11	Age	73
Sex	Male	Color or Race	White	Birth-place	Tilghmanton Md.	Months	1
Occupation	Retired	Where Residing if not at place of death					
Married, Single or Widowed	Widowed	Name of Wife or Husband	Leah Moats				
Father's Name	Samuel Moats	Father's Birthplace	Tilghmanton Md.				
Mother's Maiden Name	Sarah Dwyer	Mother's Birthplace	Sharpsburg Md.				
Name of person giving information	John V. Moats	How related to deceased	Son				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Senile Dementia	How long	3 yrs
Immediate	Sudden cardiac Paralysis	How long	10 minutes
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	V. M. Reichard
		Address	
Accident or Suicide?			



Name in Full		Certificate of Death			
Gen. W. Moore		Town Samples Manor Wash.		County Co	
Died at		Date of death 1907		Month Feb	
		Day 13th		Years 52	
		Age		Months 7	
		Sex Male		Color or Race White	
		Occupation Laborer		Birth-place Ind.	
		Where Residing if not at place of death Samples Manor, Ind.			
Married, Single or Widowed Married		Name of Wife or Husband Mary C. (Hoffman) Moore			
Father's Name Jas. Moore		Father's Birthplace Unknown			
Mother's Maiden Name Mary C.		Mother's Birthplace "			
Name of person giving information Asher Angers		How related to deceased Brother-in-law			
CAUSES OF DEATH					
Primary Chronic Pneumonia		How long About 3 yrs			
Immediate Grip. Pneumonia		How long 6 days			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. M. Garrett			
		Address Sharpshury, Ind.			
Accident or Suicide?					

Mo Arthur, undertaker,
Harpers Ferry,
W. Va.

Name
in
Full

CERTIFICATE OF DEATH

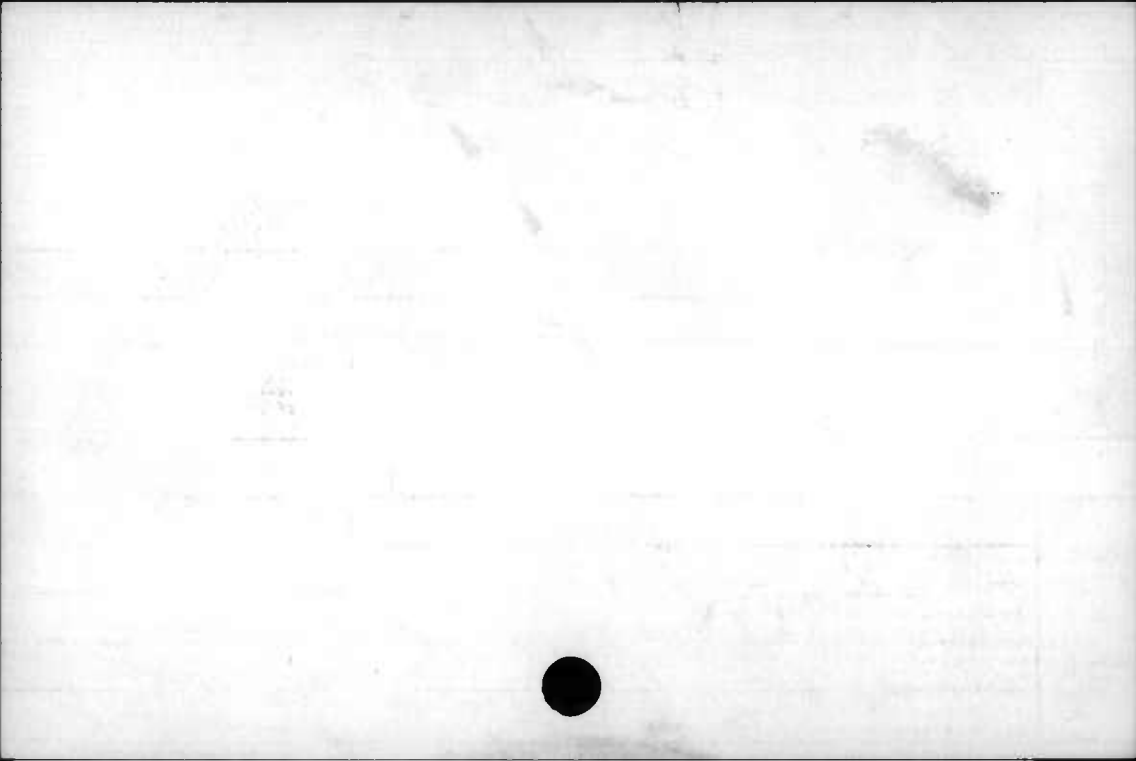
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Nelson</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>2</i>		Day <i>8</i>		Years <i>81</i>	
Date of death <i>1907</i>		Month <i>2</i>		Day <i>8</i>		Years <i>81</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Months <i>4</i>	
Occupation <i>House work</i>		Where Residing if not at place of death <i>—</i>		Days <i>9</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Edward Nelson</i>					
Father's Name <i>John Banner</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Lucy Kenny</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Edward Nelson</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pelvic Carcinoma</i>		How long <i>1 1/2 years</i>	
Immediate <i>Exhaustion</i>		How long <i>6 mos.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. H. Gammaw</i>	
Accident or Suicide? <i>—</i>		Address <i>Hagerstown, Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James, R. Morris

Died ~~at~~ ^{Town} near Belle Grove.

County Washington

MARYLAND

Date of death 1907 Feb. 28 Age 51 Months 7 Days 12

Sex Male Color or Race White Birth-place Wash Co Md.

Occupation Farmer. Where Residing if not at place of death died at home.

Married, Single or Widowed Married Name of Wife or Husband Maria Morris

Father's Name John H. Morris Father's Birthplace Wash Co Md.

Mother's Maiden Name Elizabeth M^c Guinness Mother's Birthplace Alle Co Md.

Name of person giving information J. H. Morris How related to deceased Brother.

CAUSES OF DEATH

Primary Atrophic Arteriosclerosis (10) How long Six months

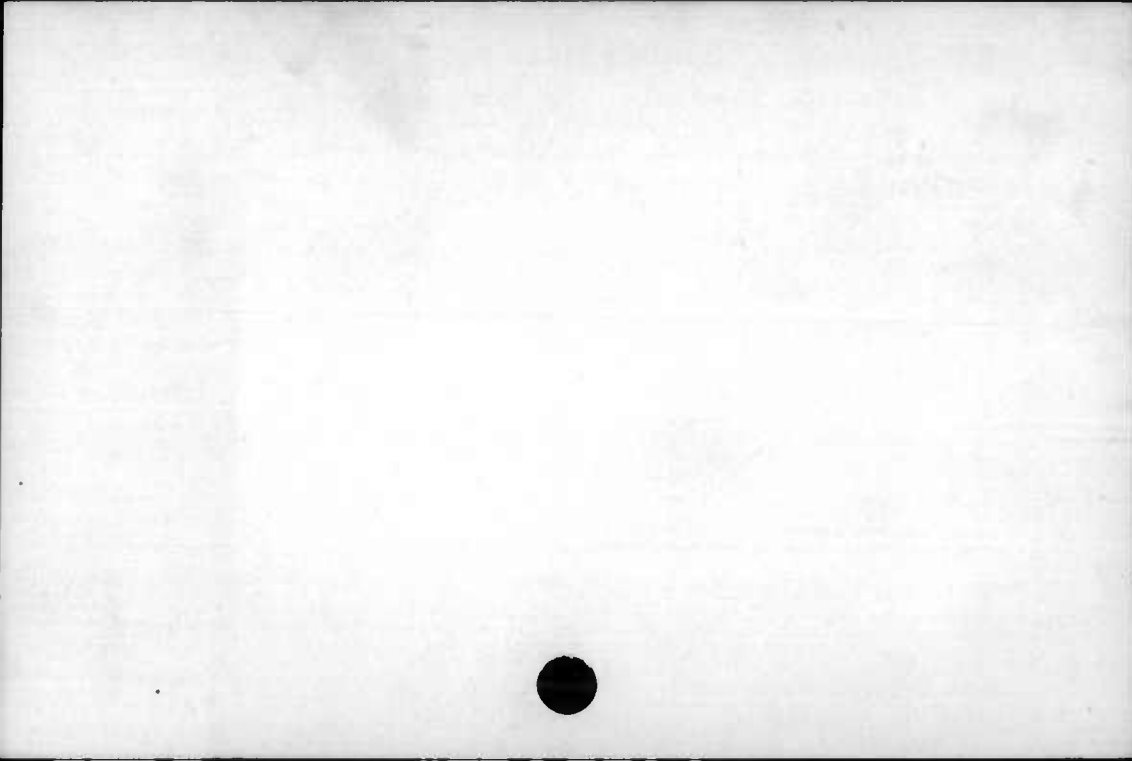
Immediate La Grippe How long Eight days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. M. McKibbin B.S. M.D.

Address Buck Valley Pa

Accident or Suicide?



Name
in
Full

Abbie Howell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>2</i>	Day <i>13</i>	Age <i>37</i>	Years <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>		Months <i>2</i>	Days <i>—</i>
Occupation <i>House work</i>	Where Residing if not at place of death <i>— — — — —</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>James Plk Howell</i>				
Father's Name <i>John Chase</i>	Father's Birthplace <i>Ind</i>			Mother's Birthplace <i>unknown</i>	
Mother's Maiden Name <i>unknown</i>	How related to deceased <i>Husband</i>			Name of person giving information <i>James P Howell</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long <i>2 yrs</i>
Immediate	<i>Exhaustion</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>W J Johnson</i>
		Address <i>Hagerstown Ind</i>
Accident or Suicide?	<i>No</i>	

Wultraupst

Erwin

Name
in
Full

Oliver Peacher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

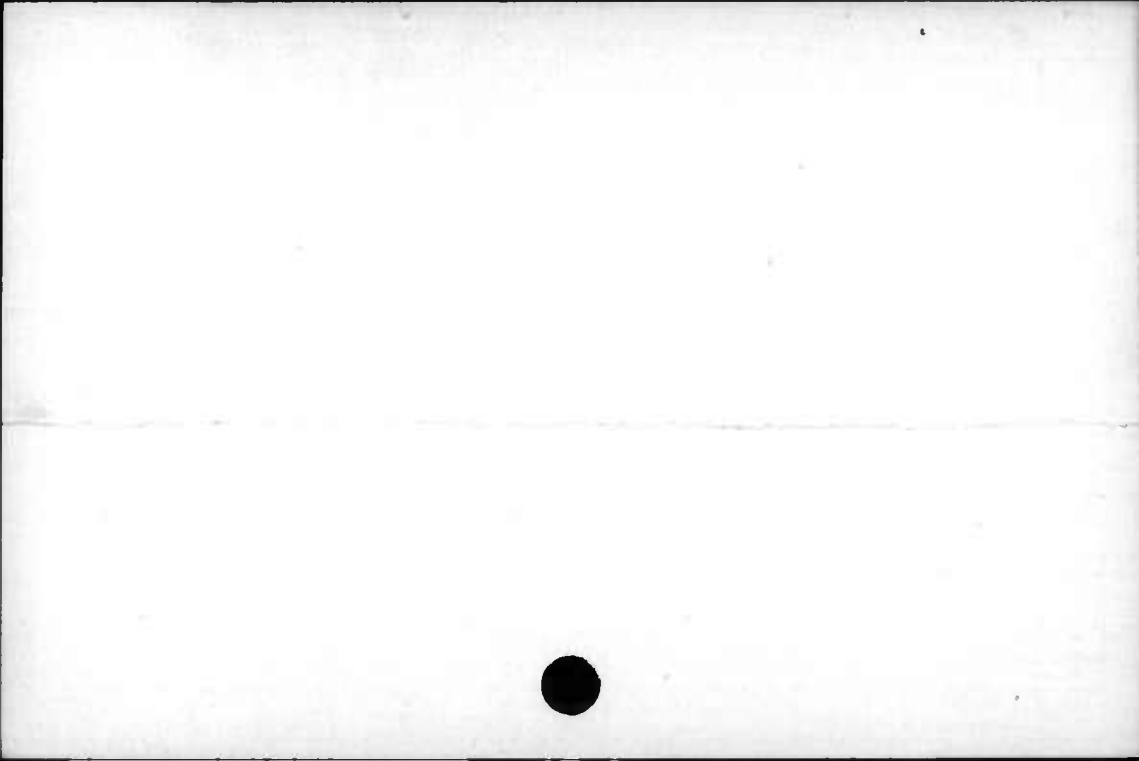
Died at <i>Keek ^{Town} Tryste</i>		<i>Washington</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>24</i>	Age <i>68</i>	Months <i>10</i>	Days <i>22</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Carpenter</i>			Where Residing if not at place of death <i>Keek Tryste, Md</i>		
Married, Single or Widower	Name of Wife Husband <i>Katie L. Peacher</i>				
Father's Name <i>John Peacher</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace				
Name of person giving information			How related to deceased		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>	How long <i>one year</i>
Immediate <i>Congestion of Lungs</i>	How long <i>two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. B. Ranson M.D.</i>
	Address <i>Harpers Ferry W. Va.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName in Full *Sarah Pendleton*Died at *Wesleyton* ^{Town} *Washington* ^{County}

MARYLAND

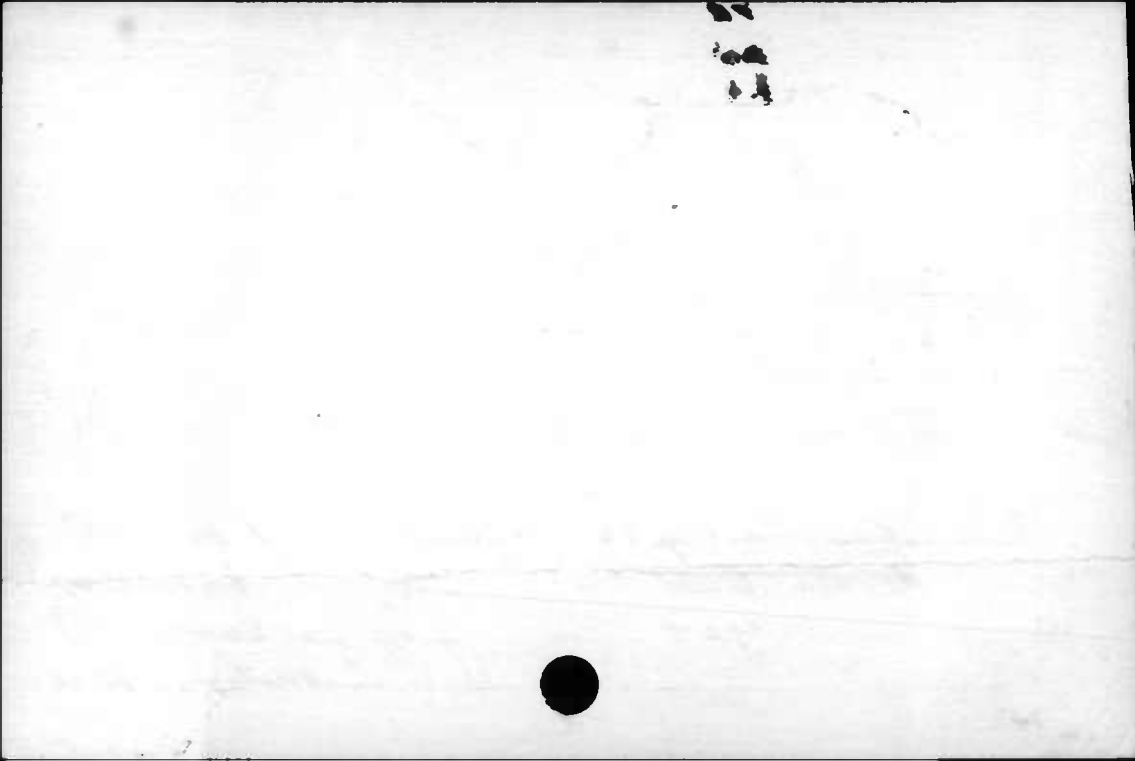
Date of death *1907* ^{Month} *Feb* ^{Day} *17* ^{Years} *Age 76* ^{Months} *1* ^{Days} *8*Sex *Female* Color or Race *Black* Birth-place *Wash Co. Md*Occupation *Housework* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Warren Pendleton*Father's Name *John Brown* Father's Birthplace *Wash. Co.*Mother's Maiden Name *Caroline Young* Mother's Birthplace *Wash Co.*Name of person giving information *James Burch* How related to deceased *Son-in-law*

CAUSES OF DEATH

Primary *Old age* **(93)** How long *10 days*
Immediate *Pneumonia* How longAre the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *F. M. Phillips*Address *Harpis Ferry*
West Va.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

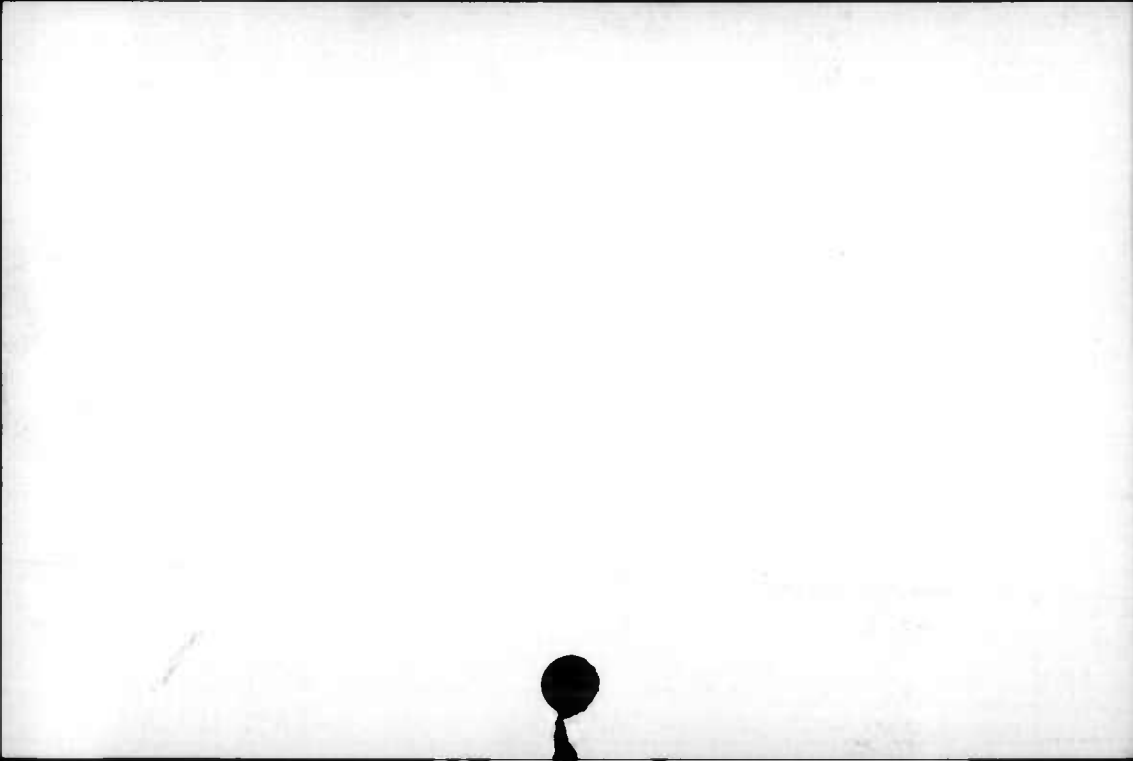
Died at <i>Old Reservoir</i>		Town <i>Wash.</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>24</i>	Age <i>75</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wash. Co.</i>				
Occupation <i>Farming</i>			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband <i>Les Andrew Reynolds</i>					
Father's Name <i>Samuel Reynolds</i>		Father's Birthplace <i>Wash. Co.</i>					
Mother's Maiden Name <i>Elizabeth Baker</i>		Mother's Birthplace					
Name of person giving information <i>Manda Reynolds</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Degeneration old Age & weak Heart</i>	How long <i>1 month</i>
Immediate <i>Heart Failure</i>	How long <i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Jarboe</i>
	Address <i>Smithsburg Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

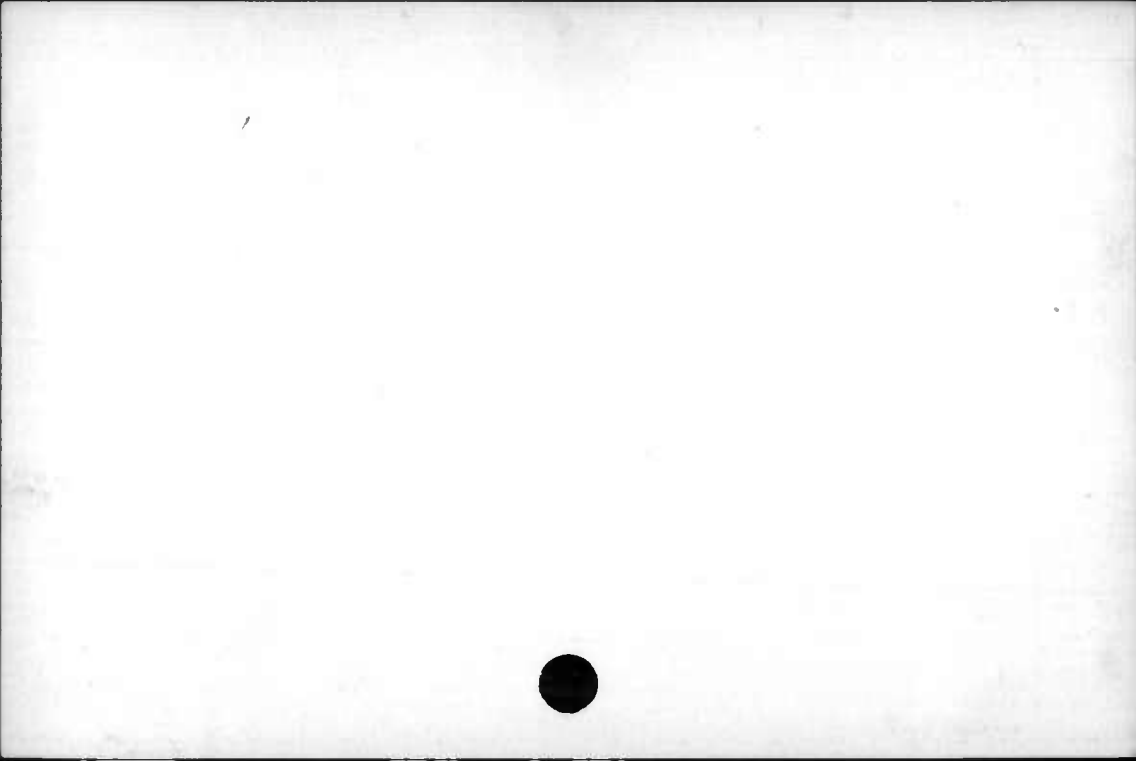
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Harriet E. Rohrer</i>		Town <i>Rohrersville</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Rohrersville</i>		Date of death 190 <i>7</i>		Month <i>2</i>		Day <i>3</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Age <i>87</i>		Months <i>13</i>	
Occupation <i>House wife</i>		Birth-place <i>Rohrersville</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Widow Husband <i>Fredrick Rohrer. deceased</i>					
Father's Name <i>John. Rohrer.</i>		Father's Birthplace <i>Rohrersville</i>					
Mother's Maiden Name <i>Elizabeth Keplinger.</i>		Mother's Birthplace <i>Long View.</i>					
Name of person giving information <i>Mrs. M. Becker.</i>		How related to deceased <i>Daughter.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>	How long <i>10</i>
Immediate <i>Chills</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. D. Baker</i>
	Address <i>Rohrersville Maryland.</i>
Accident or Suicide?	



Name
in
Full

Mary Anne Rowe

CERTIFICATE OF DEATH

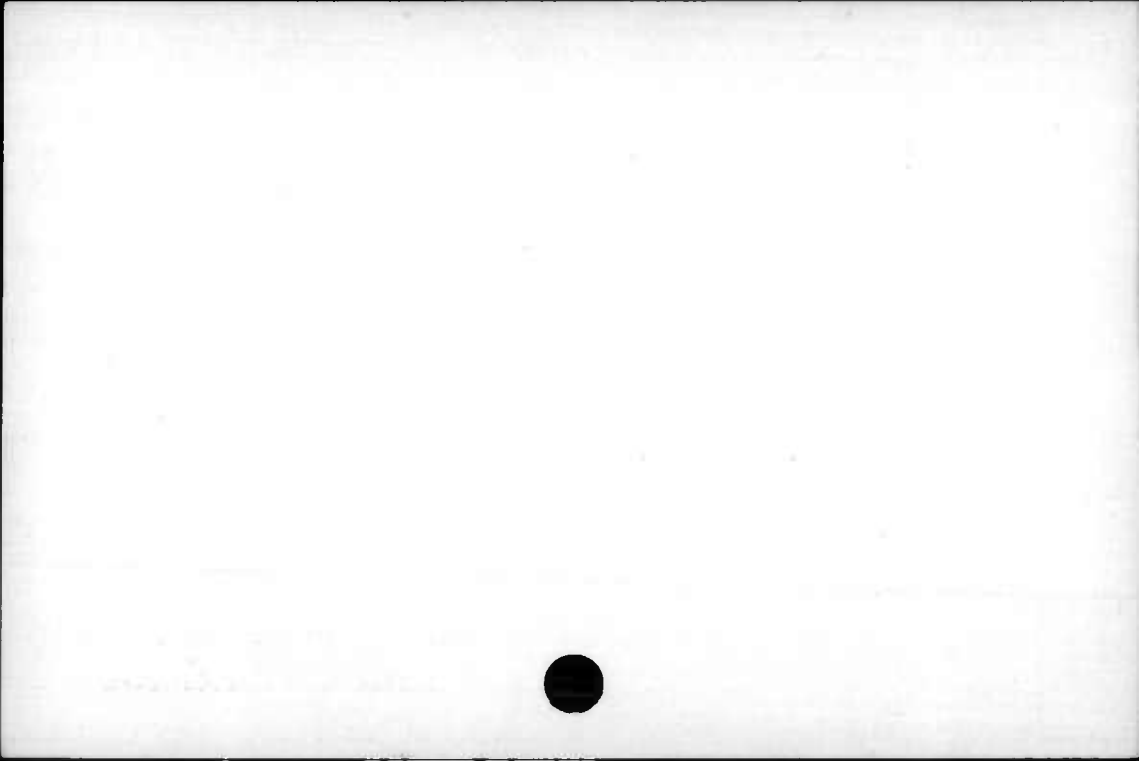
Died at <i>Keadysville</i> Town		<i>Wash</i> County		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>14</i>	Age <i>86</i> Years	<i>3</i> Months	<i>2</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Brightwoodville</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Samuel Rowe</i>			
Father's Name <i>Jarvis Liggett</i>		Father's Birthplace <i>Don't Know</i>			
Mother's Maiden Name <i>Mrs Eastman</i>		Mother's Birthplace <i>Bonshoro</i>			
Name of person giving information <i>Samuel Rowe</i>		How related to deceased <i>Son</i>			

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

10

PHYSICIAN OR CORONER	Primary	<i>Old Age, Tuberculosis</i>	How long	<i>10 years</i>
	Immediate	<i>Grippe</i>	How long	<i>10 days</i>
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician <i>H. M. Nihiser</i>		Address <i>Keadysville Md</i>	
Accident or Suicide?				



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Unmarried Child of Lewis & Mary Schmidt

Town Hagerstown County Wash.

Died at

Date of death 1907 Month 2 Day 13 Age Years Months 3 Days

Sex male Color or Race white Birth-place Md.

Occupation Child Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband

Father's Name Lewis Schmidt Father's Birthplace Md.

Mother's Maiden Name Mary Heimerl Mother's Birthplace

Name of person giving information Lewis Schmidt How related to deceased father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Premature birth (151) How long

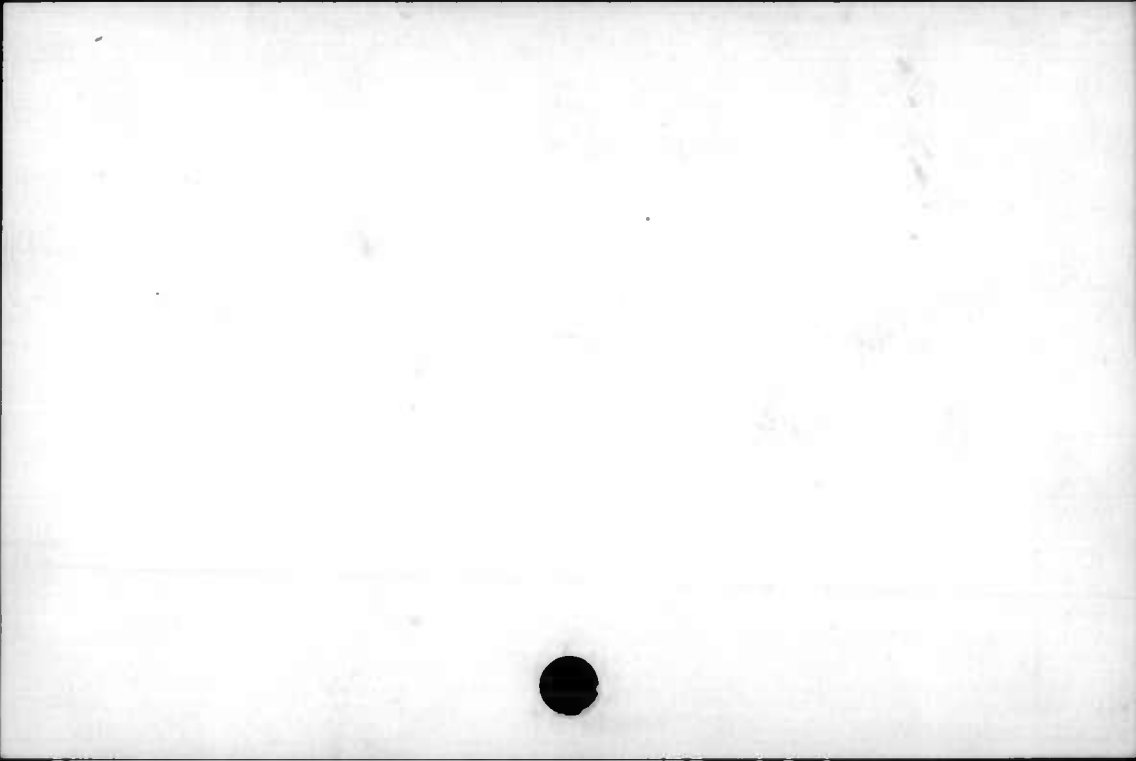
Immediate Inanition How long 3 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician M. C. Laughlin M.D.

Address Hagerstown

Accident or Suicide?



Name
in
Full

Lewis R. Shanenberger

CERTIFICATE OF DEATH

Town

Boonsboro

County

MARYLAND

Died at

Date

of death 1900

Month

Feb

Day

19

Years

Age 60

Months

Days

17

Sex

Male

Color or
Race

White

Birth-
place

Wash Co

Occupation

Fruit-Pruner

Where Residing if not
at place of death

Boonsboro

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary Fox

Father's
Name

Jacob Shanenberger

Father's
Birthplace

Hunkertown Pa

Mother's
Maiden Name

Sophia Greah

Mother's
Birthplace

Washington County

Name of person giving
Information

Mary Shanenberger

How related
to deceased

Wife

CAUSES OF DEATH

Primary

La Grippe

10

How long

One month

Immediate

Laryngeal Tuberculosis

How long

Two months

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Dr. S. S. Davis

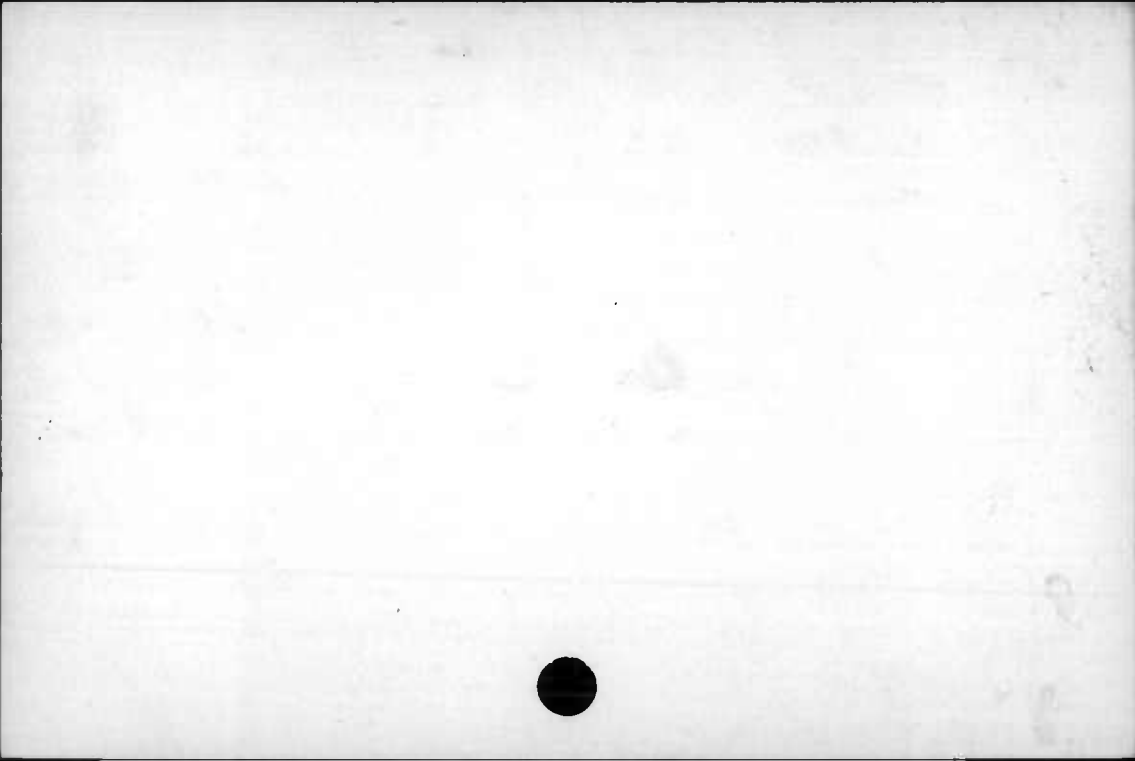
Address

Boonsboro

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

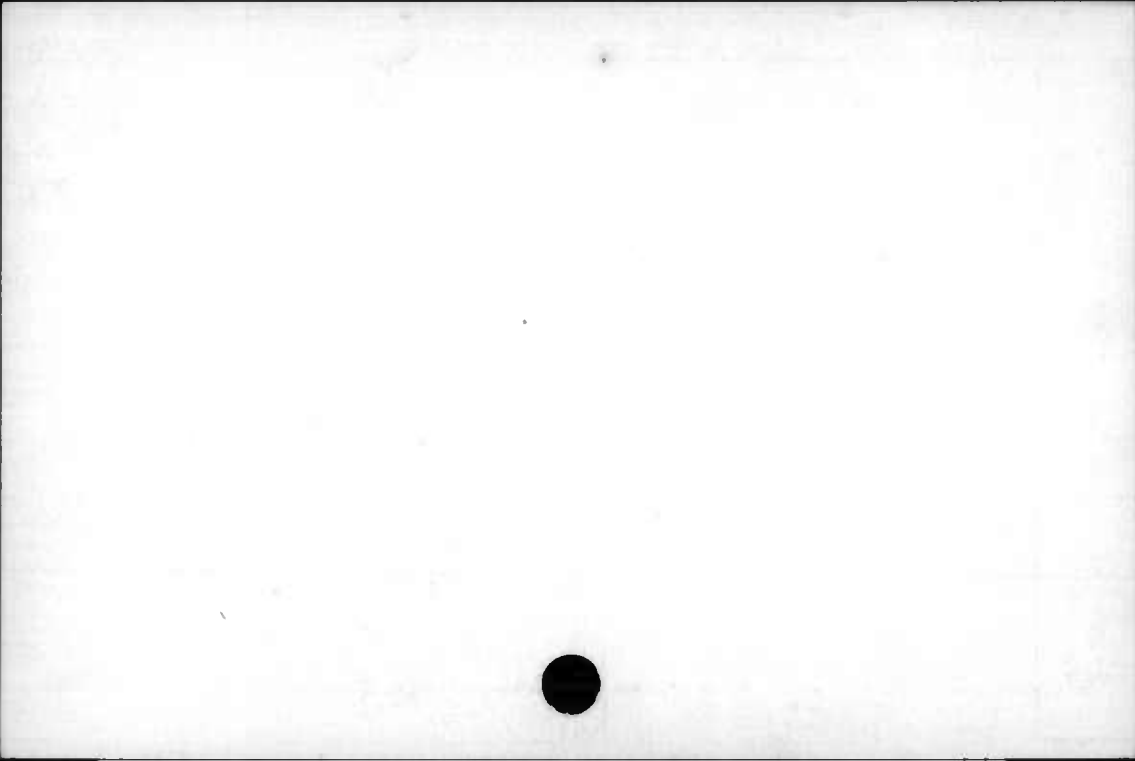
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamport</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Feb</i>	Day	<i>23</i>
Age	<i>23</i>	Years	<i>2</i>	Months	<i>8</i>
Sex	<i>boy</i>	Color or Race	<i>white</i>	Birth-place	<i>Williamport</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>William Sharer</i>			Father's Birthplace	<i>St James College</i>
Mother's Maiden Name	<i>Sarah House</i>			Mother's Birthplace	<i>Clear Spring</i>
Name of person giving information	<i>William Sharer</i>			How related to deceased	<i>father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular Heart Trouble</i>	<i>(79)</i>	How long	<i>Since Birth</i>
Immediate	<i>Heart failure</i>		How long	<i>Sudden.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>yes.</i>		<i>W. Richardson</i>		
		Address		
		<i>Williamport Md</i>		
Accident or Suicide: <i>—</i>				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Haystack</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>2</i>	Day <i>14</i>	Age <i>32</i>	Months — Days —
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>housewife</i>			Where Residing if not at place of death —		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Walter J. Shrop</i>			
Father's Name <i>Edward Green</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Isabel Pluse</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Walter Shrop</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>About 15 mos.</i>
Immediate <i>Exhaustion</i>	How long <i>7 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yrs</i>	Signature of Physician <i>W. J. Shrop</i>
Accident or Suicide? <i>sw</i>	Address <i>Daguerstown, md</i>

Admission

Life
Office

Name
in
Full

CERTIFICATE OF DEATH

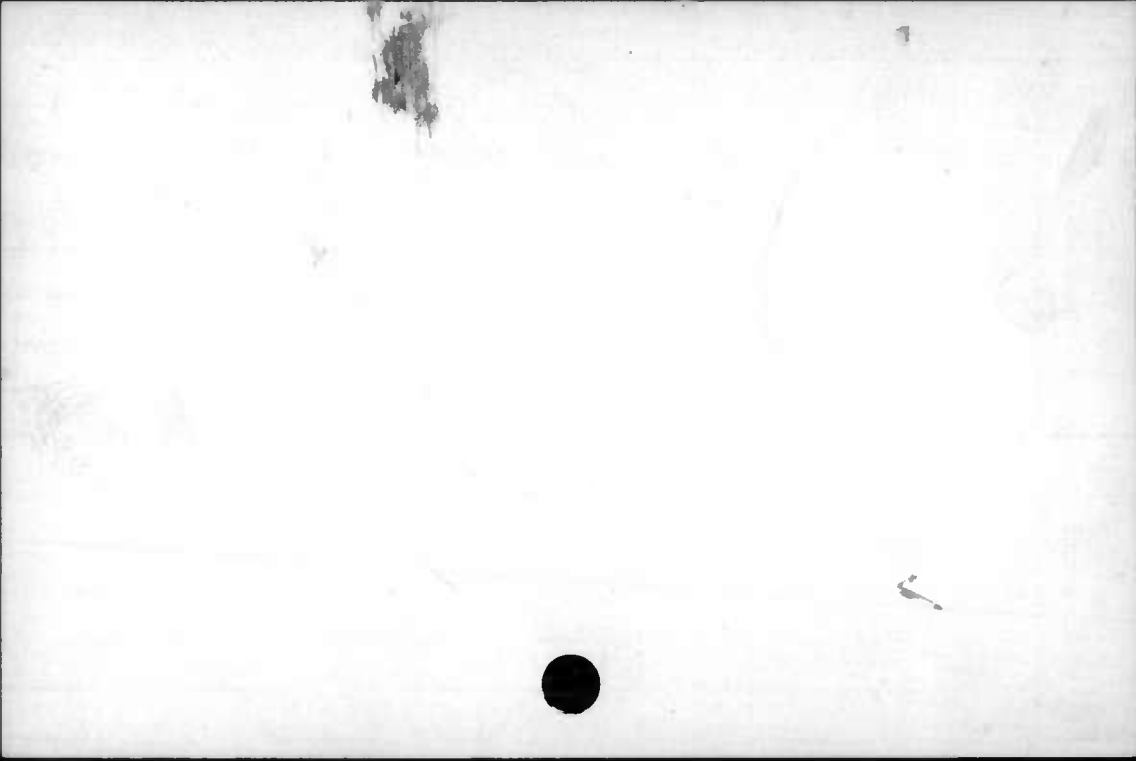
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	190 <i>6</i>	Month <i>2</i>	Day <i>9</i>	Age <i>27</i>	Years <i>2</i> Months <i>1</i> Days <i>1</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>	
Occupation	<i>Laborer</i>		Birth-place	<i>Pa</i>	
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>_____</i>		
Father's Name <i>unknown</i>			Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>unknown</i>			Mother's Birthplace <i>unknown</i>		
Name of person giving information <i>Ida Armstrong</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Aneurism</i>	How long	<i>81</i>
Immediate	<i>Hemorrhage</i>	How long	<i>immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. P. Schuler</i>	
<i>yes</i>		Address <i>Hagerstown</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

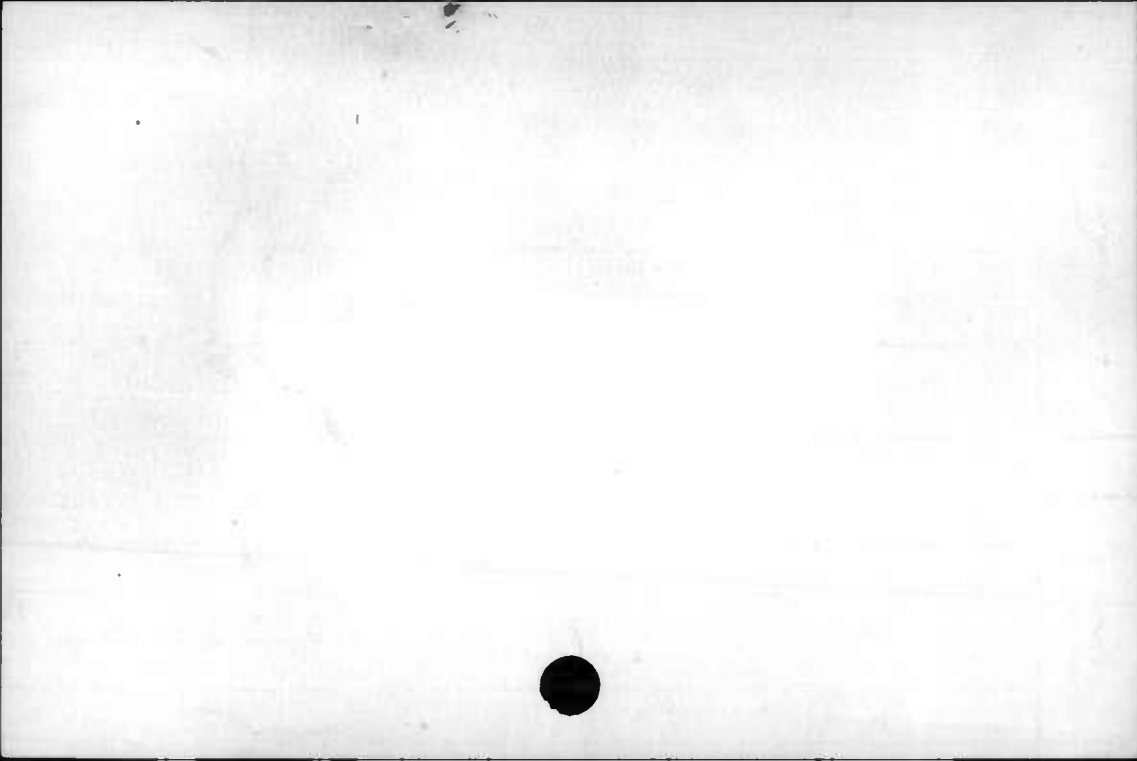
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Daniel H Snyder</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>July</i>		Day <i>18</i>		Year <i>1905</i>	
Date of death <i>July 18 1905</i>		Age <i>34</i>		Months <i>7</i>		Days <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Silk Manufacturer</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Anna M. Lertz</i>					
Father's Name <i>Isaiah Snyder</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Mary A. Vegley</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Christian Snyder</i>		How related to deceased <i>Bro</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gun shot wound</i>	How long <i>159</i>	How long <i>Forty eight hours</i>
Immediate <i>Gun shot wound</i>		How long <i>Forty eight hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas B. Pugh M.D.</i>	
	Address <i>Hagerstown Md</i>	
Accident or Suicide? <i></i>		



Name
in
Full

Grace H. Spielman

CERTIFICATE OF DEATH

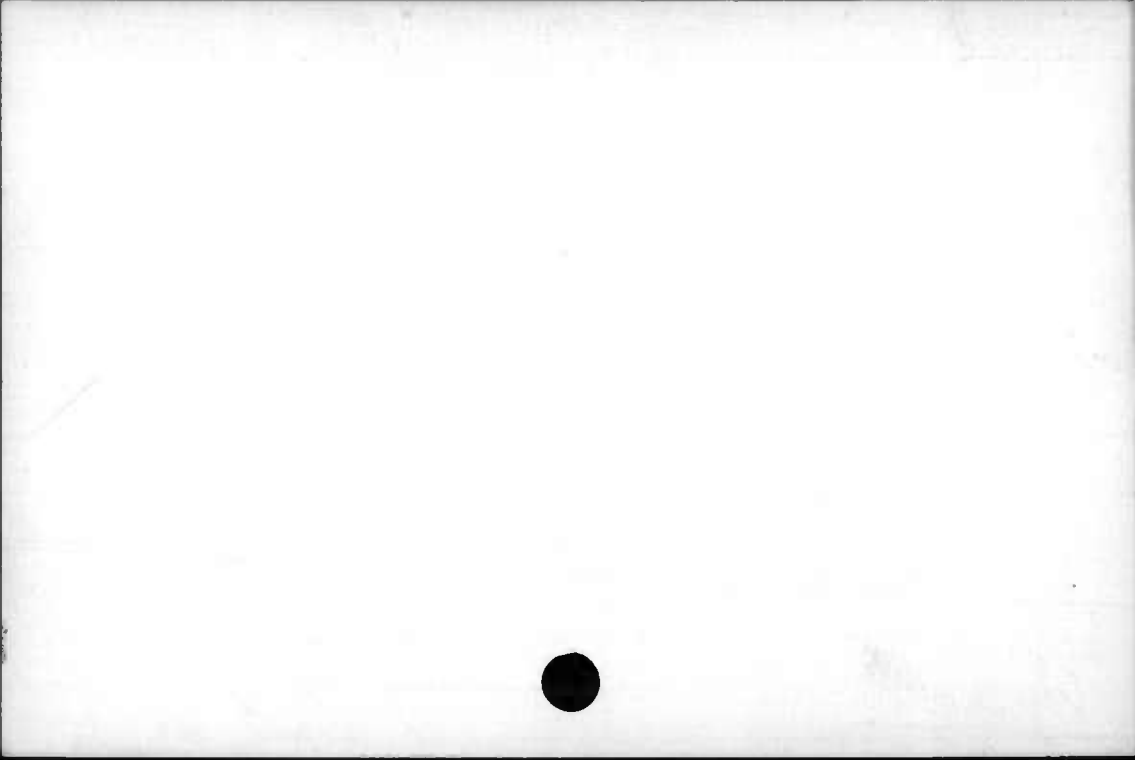
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 90	Month <i>2</i>	Day <i>24</i>	Age <i>6</i>	Months <i>5</i>	Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Occupation <i>Child</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>James H. Spielman</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Amie M. Lashbaugh</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>James H. Spielman</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>14 days</i>
Immediate <i>Heart Failure & Thrombosis</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. C. Wank</i>
	Address <i>Hagerstown</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Florence E. Stick</i>		Town <i>Smithsburg</i>		County <i>Washington</i>		State MARYLAND	
Died at <i>Smithsburg</i>		Month <i>2</i>		Day <i>18</i>		Age <i>23</i>	
Date of death <i>1907</i>		Month <i>2</i>		Day <i>18</i>		Years <i>23</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lebanonville</i>		Months <i>2</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Smithsburg</i>		Days <i>14</i>			
Married, Single or Widowed <i>None</i>		Name of Wife or Husband <i>None</i>		Father's Birthplace <i>Pathsville</i>		Mother's Birthplace <i>Boonsboro</i>	
Father's Name <i>John Stick</i>		Mother's Maiden Name <i>Hellen Shusser</i>		Name of person giving information <i>Mrs. Hellen Stick</i>		How related to deceased <i>Mother</i>	

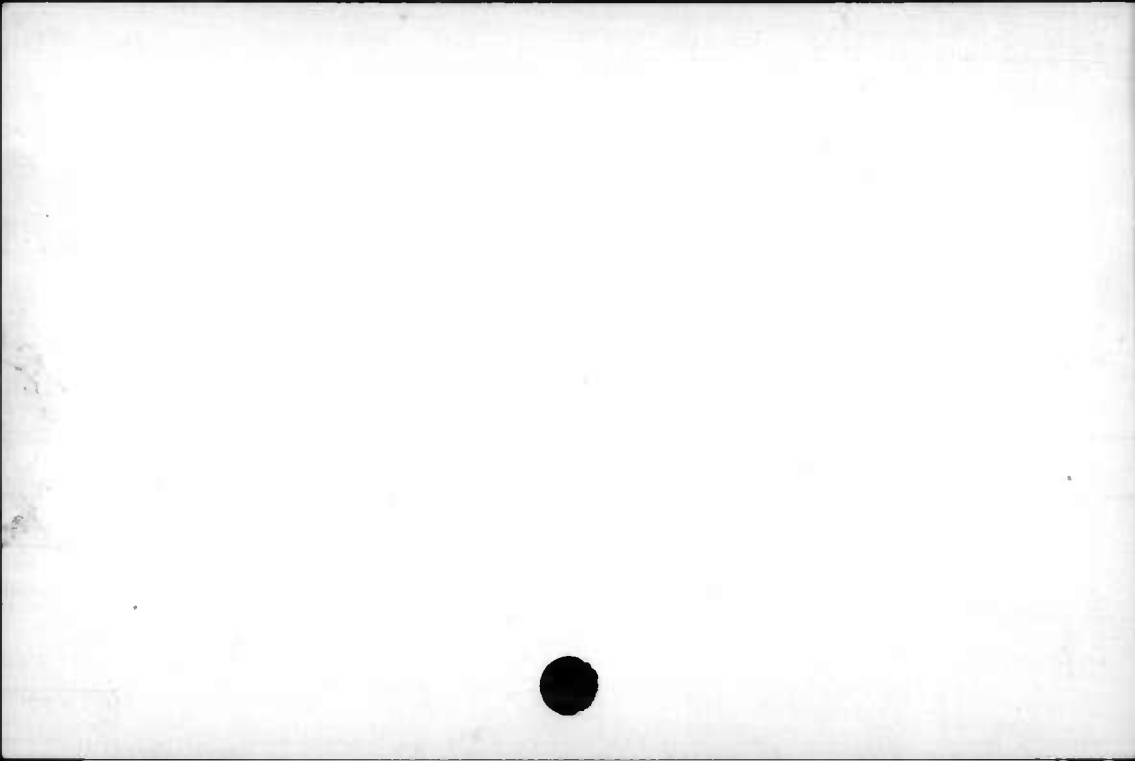
CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Complication of Disarrs</i>	How long <i>2 Mo.</i>
Immediate <i>Heart Failure</i>	How long <i>instant</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. W. D. McAnver</i>
	Address <i>Smithsburg</i>
	<i>Maryland.</i>

Accident or Suicide



Name
in
Full

Jacob Stitley

CERTIFICATE OF DEATH

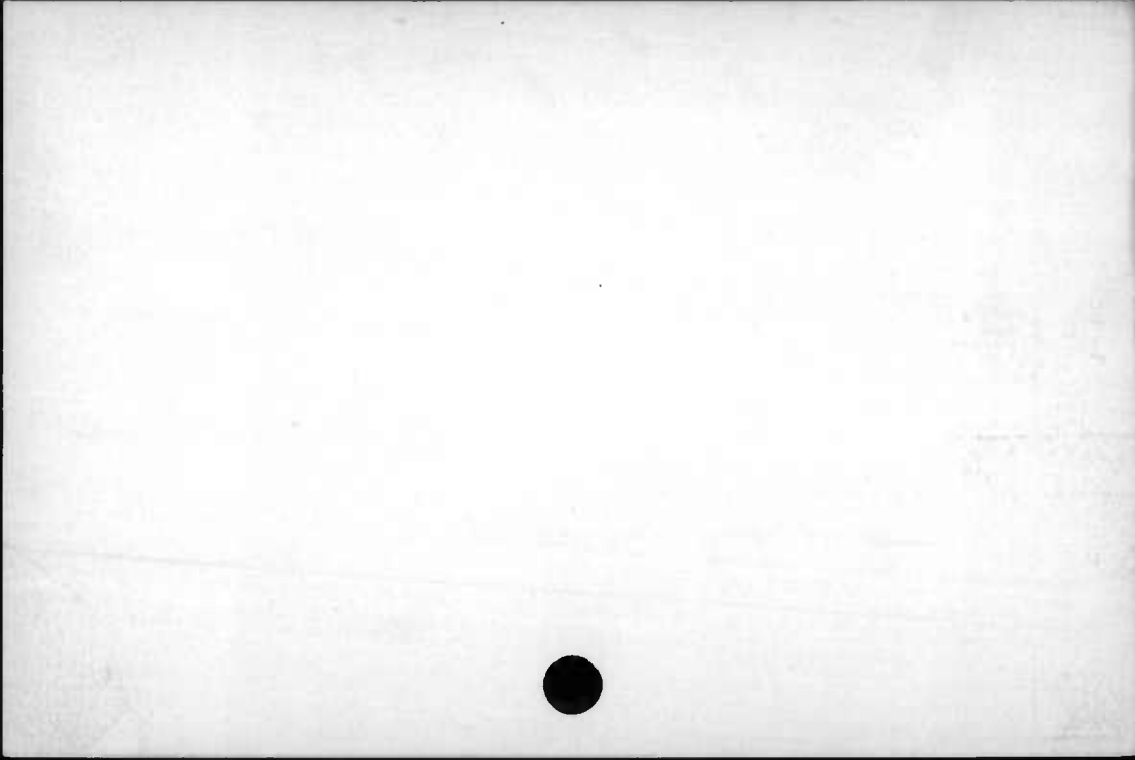
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town (Mableville)		County Wash.		MARYLAND	
Date of death 1907		Month Feb		Day 1		Age 88	
Sex male		Color or Race white		Birth-place Fred. Co			
Occupation none		Where Residing if not at place of death		Saumar			
Married, Single or Widowed Widower		Name of Wife or Husband		Unknown			
Father's Name Geo. Stitley		Father's Birthplace		Fred Co Md			
Mother's Maiden Name Unknown		Mother's Birthplace		Unknown			
Name of person giving information John E. Fahoney		How related to deceased		None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Debility - 179	How long	One Year
Immediate		How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician S. S. Davis	
		Address Boonshors Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Catharine Elizabeth Storer</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>2</i>		Day <i>12</i>		Years <i>—</i>	
Date of death <i>1907</i>		Age <i>—</i>		Months <i>11</i>		Days <i>26</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>md</i>			
Occupation <i>Child</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Albert Storer</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Aussie M. Slick</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Albert Storer</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long <i>10 days</i>
Immediate <i>Septicemia</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. H. Dins</i>	
	Address <i>Hagerstown</i>	
Accident or Suicide? <i>—</i>		<i>md</i>

Feb
Lupinus

Name
in
full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John S. Stouffer* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* *Washington*

Date of death 190 *7* Month *2* Day *19* Age *44* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Elizabeth Lynn*

Father's Name *Samuel Stouffer* Father's Birthplace *Md*

Mother's Maiden Name *don't know* Mother's Birthplace

Name of person giving information *Elizabeth Lynn* How related to deceased *Wife*

CAUSES OF DEATH

155

PHYSICIAN
OR CORONER

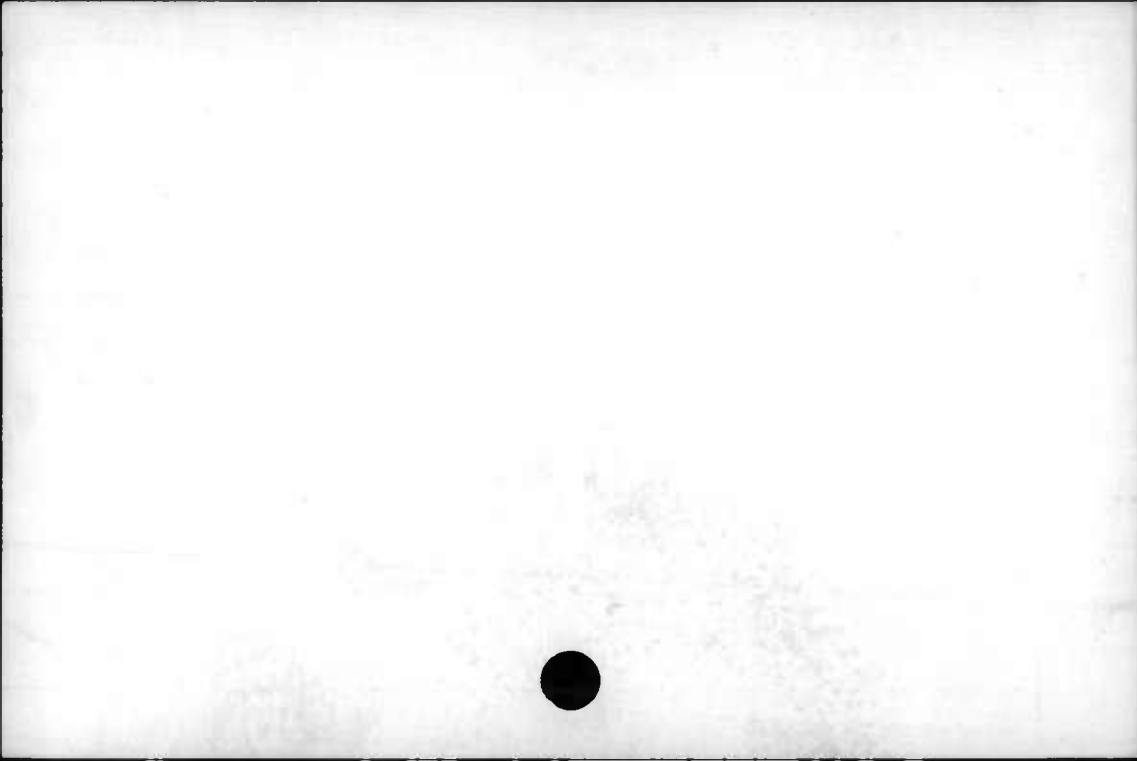
Primary *Acute opium Poisoning.* How long *8 hrs. (?)*

Immediate *asphyxia -* How long *4 hrs.*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *William Duellen Jr.* Address *Hagerstown, Md.*

Accident or Suicide? *Yes.*



Name
in
Full

Everley Eud Stough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

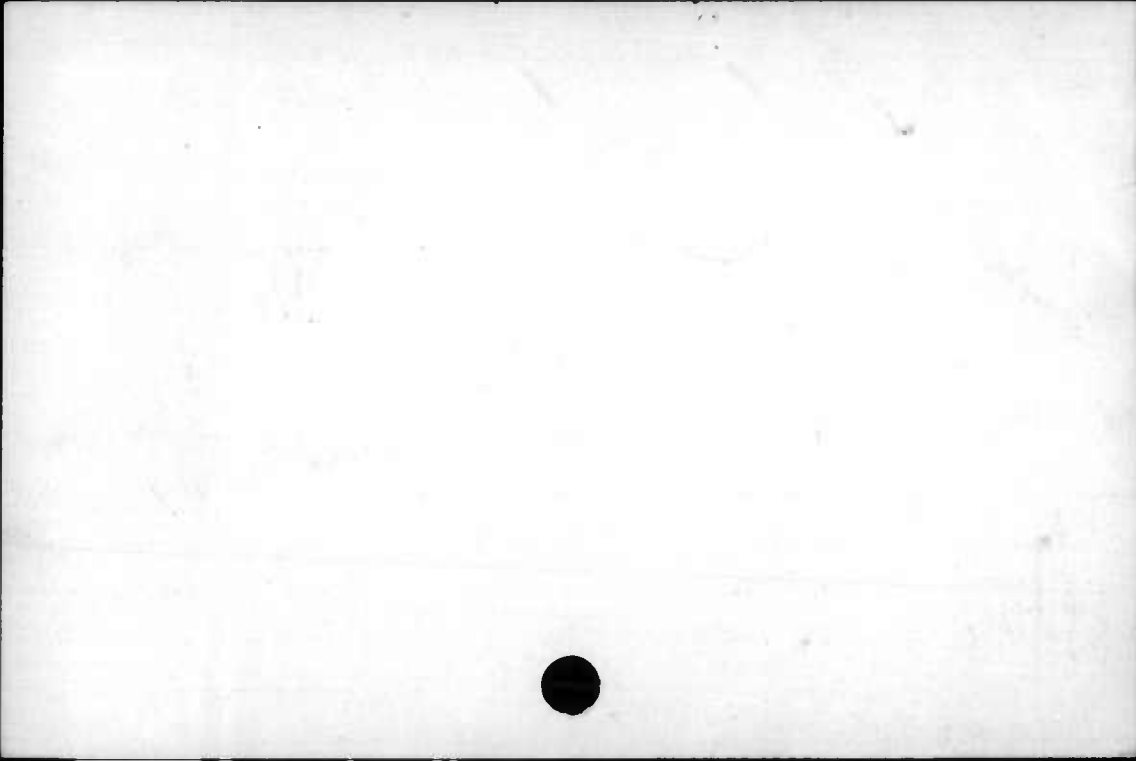
Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death		190	Month 2	Day 26	Age 29	Years 6	Months 2
Sex Male		Color or Race White		Birth- place Md			
Occupation Machinist				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Jacob H Stough				Father's Birthplace Md			
Mother's Maiden Name Sarah E Slick				Mother's Birthplace Md			
Name of person giving In formation Arvey Stough				How related to deceased Daughter			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	(?)
Immediate	Exhaustion	How long	(?)
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		V. Dueller	
Address		Hagerstown, Md.	
Accident or Suicide?		no.	



Name
in
Full

Elizabeth E. Swain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpsburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>7</i> ^{Month} <i>Feb</i> ^{Day} <i>11</i> ^{Years} <i>80</i>	Age <i>80</i>		<i>6</i> ^{Months}	<i>10</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Prince George Co</i>			
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>John Swain</i>				
Father's Name <i>Jesse Anderson</i>	Father's Birthplace <i>Prince George Co</i>				
Mother's Maiden Name <i>Tucker</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Mrs. Atha W. Brown</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>Four years</i>
Immediate <i>Bronchitis with Heart Failure</i>	How long <i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. Arnold Gardner</i>
	Address <i>Sharpsburg</i>
Accident or Suicide? _____	<i>MS</i>

Chas. S. Wade
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

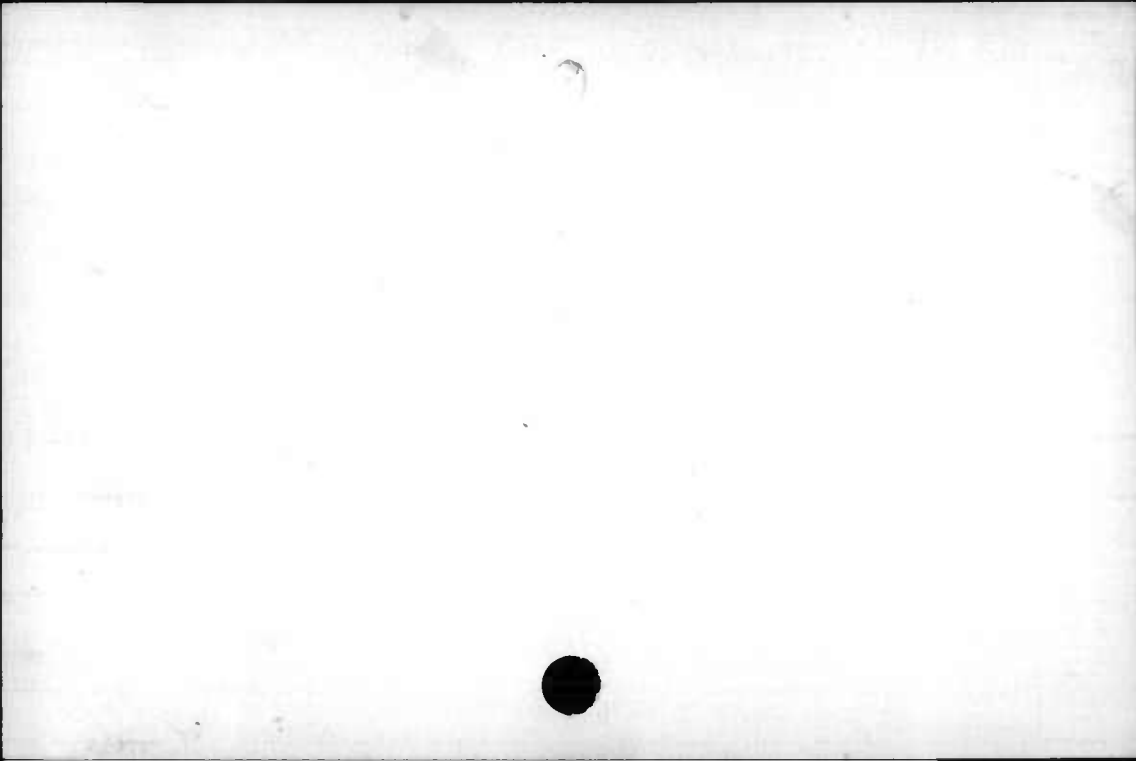
Died at <i>Smithsburg</i> Town		<i>Washington</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>5</i>	Age <i>1</i>	Years <i>3</i>	Months <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Smithsburg</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>" "</i>		
Married, Single or Widowed			Name of Wife or Husband <i>None</i>		
Father's Name <i>Wm. F. Swape</i>			Father's Birthplace <i>Bundick, Pa.</i>		
Mother's Maiden Name <i>Sadie J. Seiford</i>			Mother's Birthplace <i>Pa. Wild</i>		
Name of person giving information <i>Wm. F. Swape</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Intestinal Indigestion</i>	How long <i>one week</i>
Immediate <i>Pneumonia</i>	How long <i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. M. D. Kefauver</i>
	Address <i>Smithsburg Maryland</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mariah Taylor</i>		Town <i>Hyestown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hyestown</i>		Month <i>Dec</i>		Day <i>24</i>		Years <i>13</i>	
Date of death <i>1907</i>		Age <i>13</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Na</i>			
Occupation <i>House work</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles Taylor</i>		Father's Birthplace <i>Na</i>					
Mother's Maiden Name <i>Mollie Dwyer</i>		Mother's Birthplace <i>Na</i>					
Name of person giving In formation <i>Charles Taylor</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary <i>Acute</i>	How long <i>3 months</i>
Immediate <i>Heart Failure</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Allen B. Wilson</i>
	Address <i>302 - n. Jonathan St.</i>
Accident or Suicide? <i>no</i>	

Loggins
Hawbury

5/13/08

Name
in
Full

William E. Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

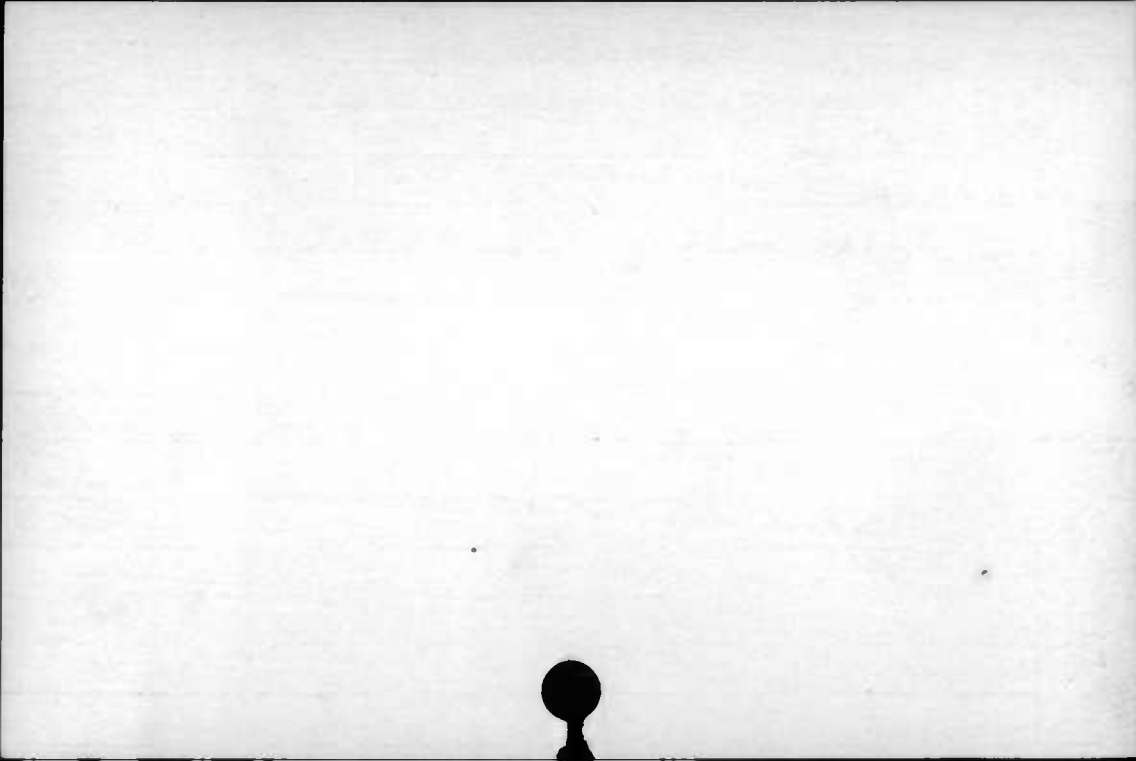
Died at <i>Williamsport</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death 1907	<i>Feb</i> <small>Month</small>	<i>10</i> <small>Day</small>	Age <i>80</i> <small>Years</small>	<i>5</i> <small>Months</small>	<i>19</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Fairfax, Virginia</i>		
Married, Single or Widowed <i>Widower</i>			Occupation <i>Retired</i>		
Name of Wife or Husband <i>Christiana Newcome</i>					
Father's Name <i>James Taylor</i>			Father's Birthplace <i>Don't Know</i>		
Mother's Maiden Name <i>Louise Jackson</i>			Mother's Birthplace <i>Don't Know</i>		
Name of person giving information <i>David K. Cushman</i>			How related to deceased <i>Son-in-law</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Rheumatism & Pneumonia</i>	How long <i>Two weeks</i>
Immediate <i>Cerebral & Heart Failure</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. K. Smith</i>
	Address <i>Williamsport Maryland</i>
Accident or Suicide? <i>Neither</i>	



Name
in
Full

Henry Pedrick

CERTIFICATE OF DEATH

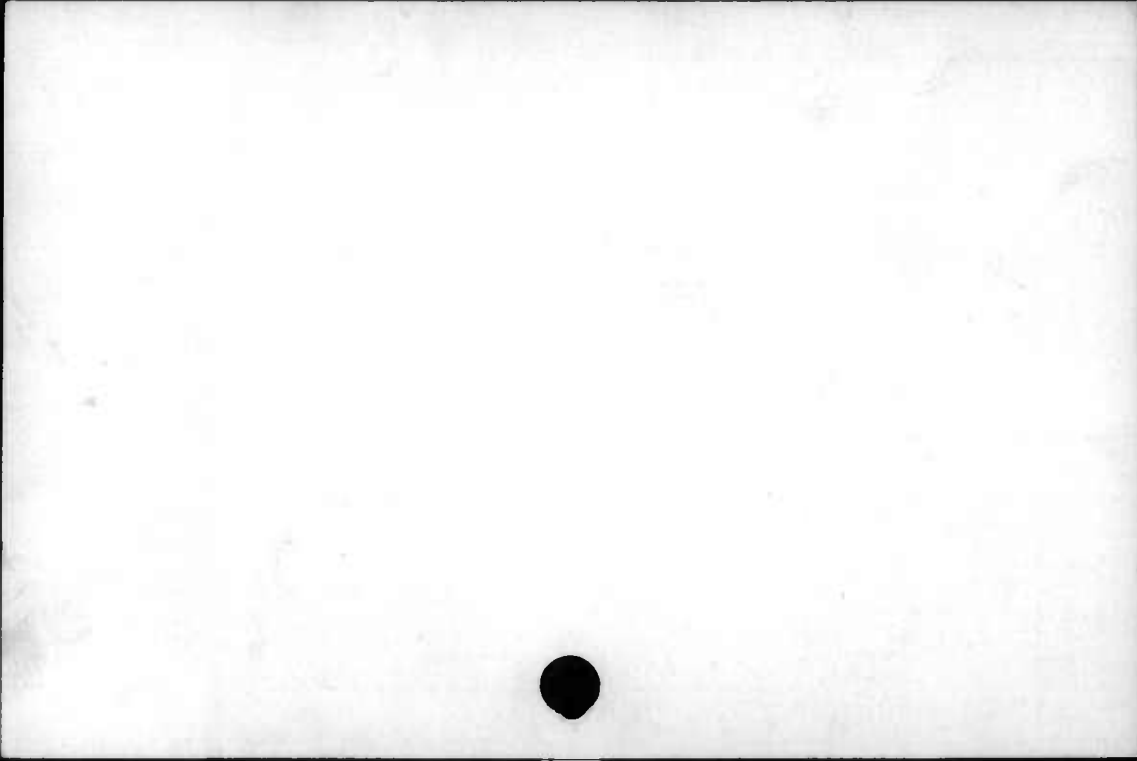
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>2 Rocks.</u>		Town		County		Washington		MARYLAND	
Date of death	1907	Month	2	Day	14	Age	76	Years	Months
Sex	Male		Color or Race	white		Birth-place	W Va		
Occupation	Laborer		Where Residing if not at place of death		2 Rocks.				
Married, Single or Widowed	Single		Name of Wife		Hesteretta Sterling				
Father's Name	Unknown		Father's Birthplace		Unknown				
Mother's Maiden Name	Unknown		Mother's Birthplace		Unknown				
Name of person giving information	Fred Phelps.		How related to deceased		Son-in-law				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	7 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. P. Perry
		Address	Chairsburg
Accident or Suicide?			Red



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Montgomery Tomp</i>		Town <i>Four Locks</i>		County <i>Wash</i>		MARYLAND	
Died at <i>Four Locks</i>		Month <i>2</i>		Day <i>11</i>		Years <i>23</i>	
Date of death <i>1907</i>		Month <i>2</i>		Day <i>11</i>		Years <i>23</i>	
Sex <i>Male</i>		Color or Race <i>W</i>		Birth-place <i>Smithsburg Md</i>		Days <i>1/2</i>	
Occupation <i>laborer</i>		Where Residing if not at place of death <i>Four Locks</i>					
Married, Single or Widow		Niece or Wife or Husband					
Father's Name <i>Daniel Tomp</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Mary Burns</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Mother</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Acute lobar pneumonia</i>	How long <i>1 week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. H. C. Foster</i>
	Address <i>Chambersburg</i>
Accident or Suicide?	

Feb 11 - 1884

Name
in
Full

Charles C. Walts.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	1907	Month	2	Day	21
Age	64	Years	64	Months	10
Sex	male	Color or Race	white	Birth-place	Penna.
Occupation	Druggist		Where Residing if not at place of death		
Married, Single or Widowed	married		Name of Wife or Husband <i>Mrs. Annie J. Walts.</i>		
Father's Name	Charles Walts		Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name	Mary H. Conard		Mother's Birthplace <i>"</i>		
Name of person giving information	Mrs C. C. Walts		How related to deceased <i>wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hepatitis & Pleumy</i>	How long	<i>1 week</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A. P. Prunffer</i>
		Address	<i>3</i>
<i>Accident or Suicide?</i>			

Phoenixville Chester Co Pa

Name
in
Full

CERTIFICATE OF DEATH

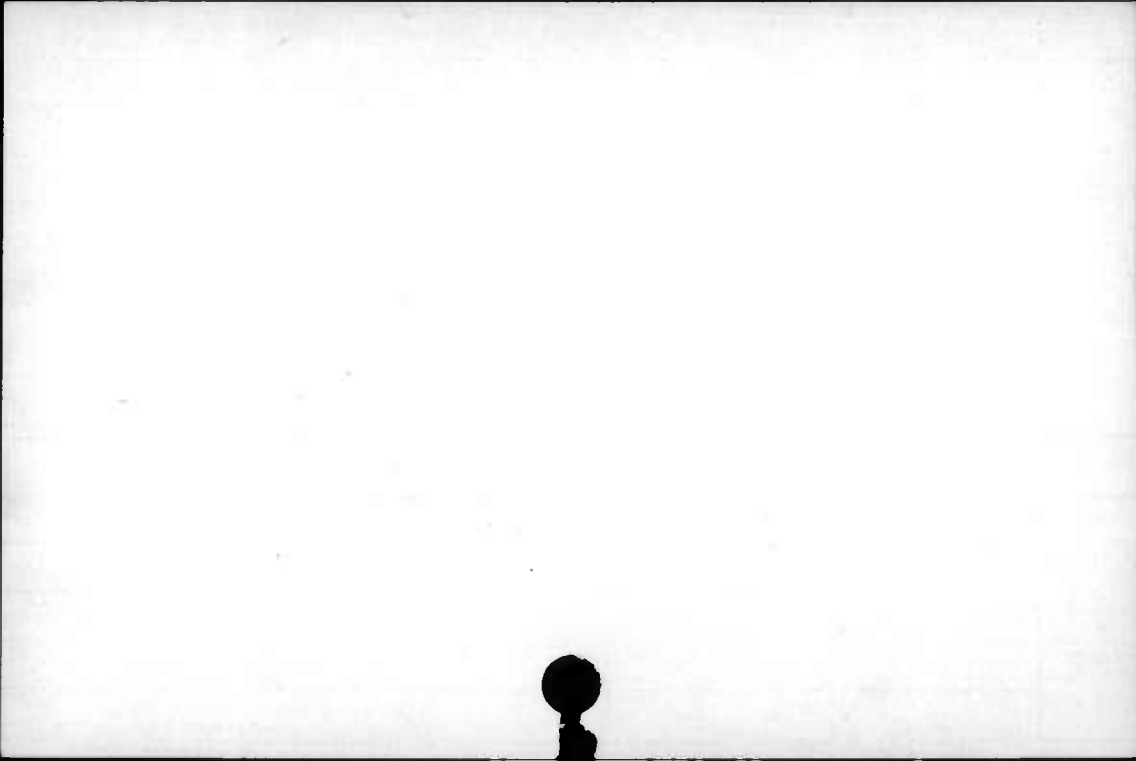
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Elizabeth Watson</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>Feb</i>		Day <i>25</i>		Years <i>47</i>	
Date of death <i>1907</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>W H Watson</i>					
Father's Name <i>Christian Klue</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Mary Smith</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>W H Watson</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>8 days</i>
Immediate <i>Pulmonary edema</i>	How long <i>1 1/2</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J R Laughlin</i>
	Address <i>146 W. Franklin St. Hagerstown, MD</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still Born child of William & Daisy Wellinger

Died at <u>Hagerstown</u> ^{Town}		<u>Wash.</u> ^{County}		MARYLAND	
Date of death	190 <u>7</u> ^{Month}	<u>21</u> ^{Day}	Age <u> </u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>md</u>			
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>William Wellinger</u>		Father's Birthplace <u>md.</u>			
Mother's Maiden Name <u>Daisy Clark</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Wm Wellinger</u>		How related to deceased <u>father.</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still Born</u>	How long <u>⑧</u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas B Boyle</u>
	Address <u>Hagerstown, md.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Alice Fredora Wilhide.</i>		Town <i>Keedysville</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Keedysville</i>		Month <i>2</i>		Day <i>4</i>		Years <i>1</i>	
Date of death <i>1907</i>		Month <i>2</i>		Day <i>4</i>		Years <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Keedysville</i>		Months <i>2</i>	
Occupation <i>None</i>		Where Residing if not at place of death		Days <i>29</i>			
<input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband					
Father's Name <i>John D. Wilhide</i>		Father's Birthplace <i>Middletown</i>					
Mother's Maiden Name <i>Alice Knadler</i>		Mother's Birthplace <i>Keedysville</i>					
Name of person giving information <i>John D. Wilhide</i>		How related to deceased <i>Feather</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scarification</i>		How long <i>14 months</i>	
Immediate <i>Grippe</i>		How long <i>6 weeks one day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. M. Shiner</i>	
		Address <i>Keedysville Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Hagerstown</i> ^{County}		MARYLAND	
Date of death	1907	Month	Feb.	Day	11
Age	61	Years		Months	5
				Days	8
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Birth-place	<i>Penna.</i>				
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>widow</i>		Name of Wife or Husband	<i>Joshua Youns.</i>	
Father's Name	<i>John Roger Fisher</i>		Father's Birthplace	<i>Penna.</i>	
Mother's Maiden Name	<i>Ediga Beaver</i>		Mother's Birthplace	<i>Penna.</i>	
Name of person giving information	<i>Clara S. Eirley</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	(93)	How long	<i>Four days</i>
Immediate	<i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Clara S. Eirley</i>	
			Address <i>Hagerstown Md</i>	
Accident or Suicide?		<i>—</i>		

Greencastle

